

#### Magnetrol

5300 Belmont Road Downers Grove, IL 60515-4499 630-969-4000 Fax 630-969-9489

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April 22, 2002

Via Federal Express Ms. Carol Ropski U.S. Environmental Protection Agency Emergency Enforcement & Support Section, SE-5J 77 West Jackson Boulevard Chicago, IL 60604-3590

Reference: Downers Grove Groundwater Site - Responses from Magnetrol

Dear Ms. Ropski:

Enclosed you will find the answers to your questions, which have been answered to the best of our ability.

Very truly yours,

Richard Lamz

**Executive Vice President** 

RL:rm

Enclosure

### Responses to Request to Schaub (c/o Magnetrol)

# ATTACHMENT B Requests

#### General Response:

The "Request for Information Pursuant to Section 104 of CERCLA for the Downers Grove Groundwater Site in Downers Grove, DuPage County, Illinois" was addressed to Schaub Engineering, c/o Magnatrol International." Magnetrol International, Incorporated (please note correct spelling of company name) purchased the assets of The Schaub Corporation on February 21, 1978. Magnetrol is not the successor to Schaub. However, in the spirit of cooperation, Magnetrol has provided the limited information it has which is responsive to the requests to Schaub. The providing of this information is no way an indication that Magnetrol is a successor to Schaub, or that Magnetrol is responsible or liable for Schaub, and is not a waiver of any claim on that issue. Because this response is limited to responses based on Magnetrol's knowledge of Schaub's operations, the responses are limited in time, up to 1978, and include no information after that date.

#### Response to Question No. 1:

Joseph R. Fiedler, Richard Lamz, Loren Data and Harry Klimek are Magnetrol employees who were consulted in the preparation of the answers to the information requested. They are located at 5300 Belmont Road, Downers Grove, Illinois 60515. Phone: 630-969-4000. Additionally, Magnetrol consulted with its attorneys in the preparation of these responses. Any contact with Magnetrol or its employees in the future should be coordinated through Michael J. Maher or Elizabeth S. Harvey, Swanson, Martin & Bell, One IBM Plaza, Suite 2900, 330 North Wabash Avenue, Chicago, IL 60611. Phone: 312-321-9100.

#### Response to Question No. 2:

Plat of Survey showing location of sewers, utilities, additions, and tanks. Blueprints/architectural drawings.

#### Response to Ouestion No. 3:

We do not believe there is anyone alive today who could provide additional responses or documents.

#### Response to Question No. 4:

Joseph R. Fiedler, Loren Data, Richard Lamz, and Harry Klimek (Magnetrol employees) are aware that Schaub used chlorinated solvents at the Schaub facility. They have no further knowledge regarding purchase, use, or disposal of hazardous substances or materials at the facility.

#### Response to Question No. 5:

Schaub Corporation operated at 5300 Belmont Road, Downers Grove, Illinois, in the Ellsworth Industrial Park. To the best of Magnetrol's knowledge, Schaub had no operations at any other location in Ellsworth Industrial Park.

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Beyond that awareness, Magnetrol has no knowledge regarding the questions in Request No. 5, as to Schaub's use, purchase, storage, treatment, disposal, transport or other handling of hazardous substances or materials.

#### Response to Question No. 6:

Schaub produced boiler feed pumps and deaerators at its facility. Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Beyond that awareness, Magnetrol has no knowledge of Schaub's use, purchase, storage, treatment, disposal, transport or other handling of hazardous substances or materials.

#### Response to Question No. 7:

Magnetrol is aware that Schaub moved into its facility at 5300 Belmont Road, Downers Grove, Illinois, in 1961, and that Schaub owned the property until 1978. Magnetrol has no further knowledge regarding Schaub's ownership and operation of the property, and has no documents relating to Schaub's ownership and operation of the property.

#### Response to Question No. 8:

Schaub owned and operated the facility from 1961 to 1978. The building which is presently on the site existed from 1961, with some additions over the years, and with an addition added by Magnetrol in 1988-89 (after Magnetrol purchased the facility from Schaub). Magnetrol has no specific information regarding the location of underground utilities, or storm water drainage and sanitary sewer systems during Schaub's ownership and operation of facilities at the Site. However, Magnetrol believes that these conditions were basically similar to the current conditions. Thus, Magnetrol has provided a Plat of Survey and Architectural Drawings.

#### Response to Question No. 9:

Magnetrol has no specific information regarding solid waste units at Schaub's facility from 1961 – 1978. However, Magnetrol does not believe that Schaub had any waste piles, landfills, surface impoundments, or waste ponds or pits. When Magnetrol purchased Schaub's assets in 1978, there were two underground storage tanks for heating oil on the property. Those tanks were removed by Magnetrol in 1987, under the supervision of the Downers Grove Fire Department. (The location of the tanks is shown on the Plat of Survey.) Additionally, when Magnetrol purchased Schaub's assets in 1978, there was a below ground storage tank for propane. That tank no longer contains propane, and has been capped and is inactive.

#### Response to Question No. 10:

Magnetrol has no information regarding the prior owners of the property prior to Schaub's construction of the facility in 1961. To the best of Magnetrol's knowledge, the property was a horse pasture before Schaub constructed the facility in 1961.

#### Response to Question No. 11:

See response to No. 10, above. Magnetrol has no knowledge regarding operators at the property prior to 1961.

#### Response to Question No. 12:

Magnetrol has no knowledge regarding any permit held by Schaub.

#### Response to Question No. 13:

Magnetrol has no knowledge as to whether Schaub ever had "interim status" under RCRA.

#### Response to Question No. 14:

Magnetrol has no knowledge as to whether Schaub ever filed a notification of hazardous waste activity under RCRA.

#### Response to Question No. 15:

Magnetrol is not aware of any such reports, data, or information relating to the Site during Schaub's ownership and operation of the Site.

#### Response to Question No. 16:

Magnetrol is not aware of any leaks, spills, or releases into the environment during Schaub's ownership and operation of the Site.

#### Response to Question No. 17:

Magnetrol is not aware of any spill, leak, release or discharge of hazardous materials into any subsurface disposal system or floor drain during Schaub's ownership and operation of the Site.

#### Response to Question 18:

Magnetrol is not aware of any spill, leak, or release of hazardous materials during Schaub's ownership and operation of the Site.

#### Response to Question 19:

Magnetrol is not aware of any excavation or removal of soil from the Site during Schaub's ownership and operation of the Site, except as may have occurred during the construction of, and additions to, the facility. Magnetrol has no information responsive to the remainder of this request.

#### Response to Question 20:

Magnetrol has no such records from Schaub.

#### Response to Question 21:

Magnetrol has no such records from Schaub.

#### Response to Question 22:

Magnetrol has no knowledge whether Schaub conducted any Phase I or Phase II investigations on the property.

#### Response to Question 23:

Magnetrol has no knowledge regarding monitoring wells, which may or may not have been on the property during Schaub's ownership and operation of the Site. Response to Question 24:

Magnetrol has no knowledge regarding soil borings, which may or may not have been collected while the property was owned by Schaub.

#### Response to Question 25:

See response to Request No. 9, above.

Response to Question 26:

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's solvent management system.

Response to Question 27:

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's waste solvent handling and disposal practices.

**Response to Question 28:** 

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's solvent suppliers.

Response to Question 29:

Magnetrol is aware that Schaub used chlorinated solvents for cleaning in its production process. Magnetrol has no knowledge regarding Schaub's waste solvent handlers.

Response to Question 30:

See response to Request No. 8, above. See attached Plat of Survey and architectural drawings.

Response to Question 31:

Magnetrol has no documents regarding correspondence between Schaub and units of local government regarding discharges into St. Joseph Creek and the municipal sewer.

Response to Question 32:

Magnetrol has no knowledge regarding floor drains at the facility during Schaub's ownership and operation of the facility.

### **Responses from Magnetrol**

## ATTACHMENT B Requests

#### General Response to All Requests:

Magnetrol bought the facility in 1978. Therefore, the responses to the information requests contain information dating only from 1978.

#### Response to Question No. 1:

Joseph R. Fiedler, Richard Lamz, Jim Jani, Loren Data, and Harry Klimek are Magnetrol employees who were consulted in the preparation of the answers to the information requested. They are all located at 5300 Belmont Road, Downers Grove, Illinois 60515, phone 630-969-4000. Additionally, Magnetrol consulted with its attorneys in the preparation of these responses. Any contact with Magnetrol or its employees in the future should be made through Michael J. Maher or Elizabeth S. Harvey, Swanson, Martin & Bell, One IBM Plaza, Suite 2900, 330 North Wabash Avenue, Chicago, IL 60611, phone 312-321-9100.

#### Response to Question No. 2:

- Phase I Environmental Analysis of 5300 Belmont Road, October 23, 1998, for American National Bank & Trust
- ♦ Plat of Survey showing location of sewers, utilities, additions, and tanks
- ♦ Drawing of Chemical Solvent Room location
- ♦ Hazardous waste manifests
- ♦ Blueprint for the addition to manufacturing facilities
- ♦ Downers Grove Sanitary District Prohibited Materials Discharge Reports

#### Response to Question No. 3:

We do not believe there is anyone alive today who could provide additional responses or documents.

#### Response to Ouestion No. 4:

Phase I Environmental Analysis of 5300 Belmont Road dated October 23, 1998 for American National Bank & Trust. (See Attachment #1.)

#### Response to Question No. 5:

There are no monitoring wells on the property.

#### Response to Question No. 6:

No soil boring has been authorized or contracted for by Magnetrol. Magnetrol is aware that the Illinois Environmental Protection Agency (IEPA) performed some soil borings along Wisconsin Avenue in fall 2001. To the best of our knowledge, those borings were performed in the parkway between Magnetrol's property and Wisconsin Avenue, and so were not actually on Magnetrol's property. Magnetrol has no further information regarding those borings by IEPA, or regarding the results of those borings.

#### Response to Question No. 7:

We had two below ground storage tanks for heating oil that were removed when we converted to natural gas heat in 1987. The Downers Grove Fire Department witnessed the removal and condition of the site at that time. No samples were taken of the contents of the tanks, or of the soil around the tanks. We have a below ground propane tank, which is no longer active. That tank no longer contains propane, and was capped.

Finally, we had one Dyked Trichloretheline above ground tank that was removed in 1990. No samples were taken of the contents of the tank. In its place is a liquid Argon tank installed in December 1995. (See *Attachment #2* for locations.)

#### Response to Question No. 8:

No records exist for Magnetrol's solvent management system prior to 1980. To the best of our knowledge, prior to 1980, Trichloroethylene and Trichloroethane were purchased in 55-gallon drums from Baron Blakeslee and stored in the building's chemical solvent room. The solvent was used in a degreaser located in the production area of the building. Solvent was transported to the machine and then placed into it. When the solvent was spent, the solvent was removed and placed into 55-gallon drums. The spent solvent was then transported and placed in the building's chemical solvent room to await removal by Baron Blakeslee. (See Attachment #3 for location.)

#### Response to Question No. 9:

No records exist for Magnetrol's waste solvent handling system prior to 1980. All spent solvent was removed from the premises by the supplier of the solvent. Trichloroethane and Trichloroethylene were the solvents used. These two solvents were purchased in 55-gallon drums. The drums were stored in the chemical solvent room, until the solvent was used in production. Spent Trichloroethane and Trichloroethylene were transferred from the machine into 55-gallon drums and stored in the chemical solvent room until removal by the supplier of the solvents. The only company used for both the purchase and the disposal of the two solvents was Baron Blakeslee.

#### Response to Question No. 10:

Magnetrol has not purchased products containing solvents since prior to 1995. Purchase Order records (i.e., the actual paper Purchase Order) establishing the names, years of service, and quantities of solvents received, are not available. Purchase Orders are destroyed after five years. In some limited circumstances, computer records exist.

Magnetrol believes that Baron Blakeslee was the only supplier of the Trichloroethylene and Trichloroethane when those solvents were used. As noted above, Magnetrol stopped using these solvents prior to 1995. Quantities received are unknown, except to the extent that disposal manifests indicate quantities transported for disposal. Magnetrol no longer does business with Baron Blakeslee; it was located in Pulaski, Tennessee, with a phone number of 931-363-4130.

Page 2 of 3

Trichlorotrifluoroethane (Freon) was purchased from Detrex Corporation (2537 Le Moyne Street, Melrose Park, IL 60160). Based on limited available records, Freon was purchased from Detrex Corporation in the amount of 330 gallons during the period of September 19, 1991 to May 28, 1992.

#### Response to Question No. 11:

See Attachment #4 (hazardous waste manifests) for answers to question 11. We have information from 1980 forward until we stopped using solvents for degreasing (prior to 1995).

#### Response to Question No. 12:

See Attachment #5 (blueprint).

#### Response to Question No. 13:

See Attachment #6 (Downers Grove Sanitary District reports).

#### Response to Question No. 14:

Floor drains are used only for emergency purposes, such as a roof leak or a water main break. Those drains are connected to the sanitary sewer system. Locations of the drains are shown on *Attachment #5* (blueprint).

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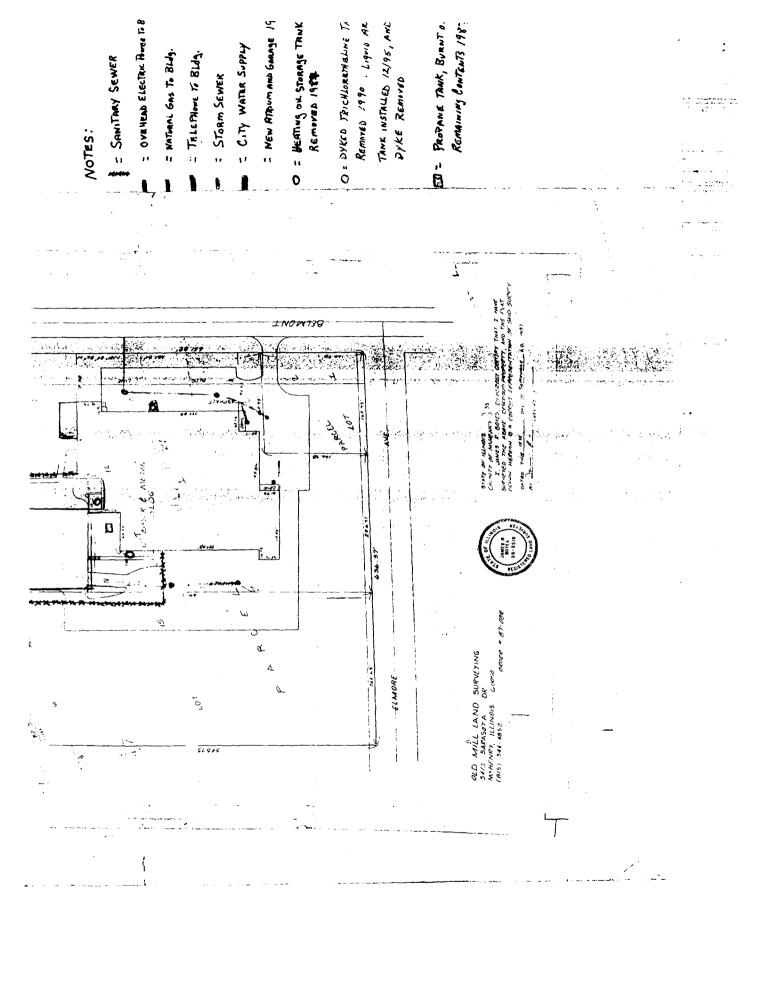
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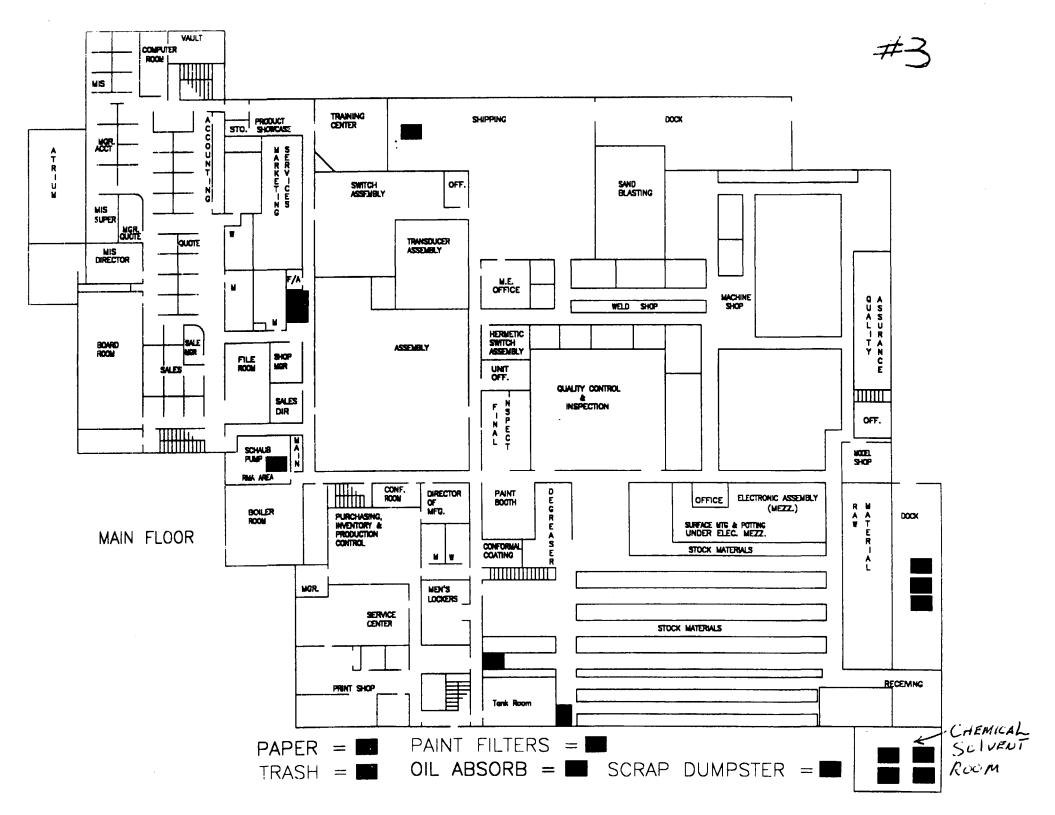
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#### MAGNETROL QUESTION #11

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BARON BLAKESLEE	1980-1984	TRICHLOROETHYLENE	1	GALLONS
		TRICHLOROETHANE	2990	GALI ONS
		TOTAL		GALLONS
BURREN TRANSFER COMPANY	1989-1991	1,1,1-TRICHLOROETHANE		GALLONS
		TRICHLOROETHYLENE		GALLONS
		TRICHLOROTRIFLUOROETHANE (FREON)		GALLONS
		WASTE CLEANING COMPOUND	1	GALLONS
		TOTAL		GALLONS
CES RECOVERY SYSTEMS		PERCHLOROETHYLENE	1	GALLONS
		HAZ WASTE LIQUID CONTAING TETRACHLOROETHYLENE	1	GALLONS
		HAZ WASTE LIQUID CONTAINING 1,1-DICHLORO-1-FLUOROETHANE	1	GALLONS
		TOTAL		GALLONS
CHEMICAL WASTE MANAGEMENT	1986	WASTE FLOOR STRIPPINGS CONTAINING METHYLENE CHLORIDE	1	GALLONS
		TOTAL		GALLONS
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		TOTAL		GALLONS
SAFETY-KLEEN	1984-1992			GALLONS
		1,1,1-TRICHLOROETHANE	t .	GALLONS
	{	TRICHLOROTRIFLUOROETHANE (FREON)	1	GALLONS
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SET LIQUID WASTE SYSTEMS	1980-1983	TRICHLOROETHYLENE	1	GALLONS
	ļ	1,1,1-TRICHLOROETHANE		GALLONS
	}	OIL & SOLVENT (FLOUROETHANE AND ETHYLENE MIX)		GALLONS
		OIL & DEGREASER		GALLONS
	4000	TOTAL		GALLONS
VAN WATERS & ROGERS	1988	TRICHLOROETHYLENE		GALLONS
		1,1,1-TRICHLOROETHANE	3	GALLONS
	<u> </u>	TOTAL	385	GALLONS

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#### TO BE COMPLETED BY **WASTE GENERATOR**

#### STATE OF ILLINOIS

**ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706

(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

•	SPECIAL WASTE HAULING MANIFEST	Authorization Number $\frac{1}{8}$ $\frac{1}{2}$ $\frac{1}{4}$ $\frac{1}{13}$
MAGNETROL INTERNA	ATTURM 5300 BECMONT	· · · · · · · · · · · · · · · · · · ·
(Company Name)	Address	04303000056 Generator Number
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one and	WASTE HAULER(S)	
BARON BLAKE SLEE	1634 SO LARAMIE AVE.	S.W.H. Registration Number 0139002
Hauler Name	CKEND Hauler Address.	25 31
	·	C.W.H. Degistration Number
Hauler Name	Hauler Address	S.W.H. Registration Number
	DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE	
RAKON BLAKESLEE	1634 SO, LARAMIE AVE	03/60037
(Facility Name)	Address	39 Site Number 46
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#### STATE OF ILLINOIS **ENVIRONMENTAL PROTECTION AGENCY** O BE COMPLETED BY DIVISION OF LAND POLLUTION CONTROL **ASTE GENERATOR** 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760 SPECIAL WASTE HAULING MANIFEST Address (Company Name) GROUT 60575 JUS State WASTE HAULER(S) LIGUID WASTE SYSTEMS DO. BOX 41 S.W.H. Registration Number 0049001 Hauler Name 11 Hauler Name Hauler Address DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE (Facility Name) Address FIELD City State Zip TO BE COMPLETED BY WASTE GENERATOR SOLVENT LIQUID OIL AND WASTE NAME: WASTE PHASE: (Liquid, Gaseous, Solid) שודו חט THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW: SHIPPING DESCRIPTION: HAZARD CLASS: **WEIGHT FOR** ST PICTED (Circle One) WEIGHT FOR I.E.P.A. USE MUST BE

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**ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD; SPRINGEIELD, ILLINOIS 62706 SPECIAL WASTE HAULING MANIFEST WHERE GROVE City WASTE HAULER(S) Liquio S.W.H. Registration Number 0049001 Hauler Name ELD 0008/0549 S.W.H. Registration Number 0049018 Hauler Name Hauler Address DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE PLD 0450 6345 Zip TO BE COMPLETED BY WASTE GENERATOR (Liquid, Gaseous, Solid) WASTE PHASE: UN 1710 THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW: HAZARD CLASS: SHIPPING DESCRIPTION: **WEIGHT FOR** LBS STRICTED D.O.T. USE TONS (circle one) GALLONS Circle One) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED. 53 METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify). THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. I HEREBY AGREE TO AND CERTIEY THE ABOVE WRITTEN INFORMATION F 001 08-000-*3809* (Authorized Signature) **WASTE HAULER** I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CUNDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED: (Authorized Signature) (Authorized Signature) DISPOSAL, STORAGE, OR TREATMENT FACILITY\* HAZARDOUS WASTE SUBJECT TO FEE HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE (Authorized Signature) **OMMENTS OR SPECIAL INSTRUCTIONS:** 

PART - 4 HAULER

PART - 5 IEPA

TO BE COMPLETED BY	STATE OF ILLINOIS	CORRECT 0176515
WASTE GENERATOR	ENVIRONMENTAL PROTECTION AGENCY	7
	DIVISION OF LAND POLEUTION CONTROL SPECIAL WASTE HAULING MANIFEST	(4481a 1)
ALAP MAN TITTOLINE	WASTE GENERATOR	A DOCUMENTATION NUMBER 13
MAGNETRUL FUTTERNAT	ODAC STANDERS OF STANDERS	0430300005
DOWNERS GROVE	Pundas in bosts	Generator Number 24
City	State Zip WASTE HAULER(S)	
BALL BLANKSIK	1634 SO / AM MINIS HUKE	0129005
Hauler Name	1634 So. LARAMIE AVE C: CESO, Hauler Address, 60650	S.W.H. Registration Number $\frac{2139023}{25}$
	C: CC20, 1202 0000	16004968509
Hauler Name	Hauler Address	S.W.H. Registration Number 32 38
	DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE	
BARON BLAKESLEE	1634 SO. LARAMIE AL	$\leq \frac{3160037}{\text{Site Number}}$
(Facility Name)	FUNDS COGS	
City	State Zip	- 110004968509
O BE COMPLETED BY VASTE GENERATOR		
WASTE NAME: THE CHL	DRUCTHANE	WASTE PHASE: LOUIS
•		(Ziquid Gaseous, Solid)
HE SPECIAL WASTE REING TRANSPORTED LINDER THIS MAN	IFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATED	A BELOM
SHIPPING DESCRIPTION:		HAZARD CLASS:
LIQUID CLEANING	Compound	NONE
waste Trichloros	ethane ORM-A FOOI L	N+2831
HIS IS TO CERTIFY THAT THE ABOVE NAMED SPECIAL WAS	STE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED. MARKED, AND	LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
ACCORDANCE WITH THE APPLICABLE REGULATIONS OF TH	~ 4	
HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFO	RMATION	
DATE: 4-6-8/	(Authorized Signature)	
ASTE HAULER*	QUANTITY OF WASTE RECEIVED: 56	1 GALLONS (Circle One) 2 CU YUS
	47	52 53 53
METHOD OF SHIPMENT (Circle One)	DRUMS TANK TRUCK OPEN TRUCK	OTHER 585 (Specify)
HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL IDICATED:	. WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITIO	N FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS
Jack to		DATE 4 6 81
(Authorized Signature)		34 34
(Authorized Signature)		DATE//
SPOSAL, STORAGE, OR TREATMENT FACILITY*		
IEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WA	ISTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:	
(Authorized Signature)		DATE 0 4/ 28/ 8/

ILLINOIS: 217 / 782-3637 STRIBUTION: PART - 1 GENERATOR \*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\* OUTSIDE ILLINOIS: 800 / 424-8802

MMENTS OR SPECIAL INSTRUCTIONS: \_

PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

TO BE COMPLETED BY WASTE GENERATOR

**ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760

		6.5	1 !.	1000	
	T				7
	9	9	2	10	0
	. <u>-</u>	5	7,	10	8
Authorization Number	1=	7	7	23	7
Authorization Number	_8_	: 43	<del>-</del> -	-3-	713

02701G1

•	SPECIAL WASTE HAUL	ING MANIFEST	Authorization Number
MAGNETICUL FUTCHATO	JAL 5300 BELLA	انده	FED, EPA PLD 00/1830 27"
(Company Name)	Address	60575	043030005 <sub>6</sub> Generator Number
DOWNERS GRACE Gity	State	Zip	Generator Number 24
BARON BLAKESLEE  Hauler Name	MASTE HAULE 1634 SO, LARA OLCERO, Haylor Address O		S.W.H. Registration Number <u>01390</u> <u>3</u> 31  11004968509  S.W.H. Registration Number <u>32</u> 38
Hauler Name	Hauler Address		32 38
	DESTINATION — DISPOSAL STORA	AGE OR TREATMENT SITE	
BARON BLAKESLEE (Facility Name)	1634 50, LACA Address	ME AUGO	<u>03/60037</u> Site Number 46
C'I CERO City	FUWULS State	POC22	12004968509
TO BE COMPLETED BY WASTE GENERATOR  WASTE NAME: TOUCH	two ETHY IG	JE WAST	E PHASE:
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIF SHIPPING DESCRIPTION:  LIQUID CLEANING  WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL  METHOD OF SHIPMENT (Circle One) S  OR	COMPOUND NO	ARD CLASS:  ONE  PM-A FOOL  50 (350)	WEIGHT FOR 3055 LBS D.O.T. USE TONS (circle one)  1 GALLONS (Circle One) 2 CU. YDS
THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE	DEPARTMENT OF TRANSPORTATION.	PACKAGED, MARKED, AND LAB	ELECTION IS IN PROPER CONDITION FOR TRANSPORTATION,  FOR EPA ILD 000 183087
DATE: 5/1/8/	(Authorized Sig	lu E	PA WASTENO, FOO)
WASTE HAULER			
1 HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WINDICATED:  (1) (Authorized Signature)  (2) (Authorized Signature)	<i>1</i>	ED IN PROPER CONDITION F	OR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS $ \begin{array}{cccccccccccccccccccccccccccccccccc$
DISPOSAL, STORAGE, OR TREATMENT FACILITY*		HAZA	RDOUS WASTE SUBJECT TO FEE YES NO
HEREBY GERTIFY THAT THE ABOVE DESCRIBED SPECIAL WAS  (Authorized Signature)	TE AND INDICATED QUANTITY HAS BEEN AN		
COMMENTS OR SPECIAL INSTRUCTIONS			

#### TO BE COMPLETED BY WASTE GENERATOR

#### STATE OF ILLINOIS

**ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760 SPECIAL WASTE HAULING MANIFEST

 $\underbrace{\frac{0468556}_{1}}_{\text{Authorization Number}}\underbrace{\frac{99320}_{13}}_{13}$ 

IN ILLINOIS. 217 / 782-3637 DISTRIBUTION: PART - 1 GENERATOR PART - 2 I	·	PART - 4 HAULER		OUTSIDE ILLINOIS 800 / 424	-8802 or 202 / 426-2675
	*24 HOUR EMER	CENCY AND COUL ACCION	ANCE MIMBERS.		
COMMENTS OR SPECIAL INSTRUCTIONS				•	
(Authorized Signature)			<u> </u>	/ •	65
HEREBY CERTIFY THAT THE ABOVE DESCRIBED WAS		IS BEEN ACCEPTED AT THE	E SITE SPECIFIED ABOVE	DATE //	121181
DISPOSAL, STORAGE, OR TREATMENT FACILITY*				ASTE SUBJECT TO FEE YES	NO
(Authorized Signature)				DATE:	
(Authorized Signature)				DATE.	
10 Ramili				DATE: // /	26/8-1
WASTE HAULER  I HEREBY CERTIFY THAT THE DESTINATION AS INDI		ND QUANTITY HAS BEEN A	CCEPTED IN PROPER CONDITI	ON FOR TRANSPORT AND LACKNO	WLEDGE
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTE	N INFURMATION	(Authorized	Signature)	DATE:	
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS	OF THE ILLINOIS DEPARTMENT	OF THANSPORTATION AND	LE DA	DATE:	_
THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE	Numbel			A DROOLD CONDITION TOO TOANCO	OPTATION
	UMS TANK T		OTHER (Specify)	52	53
WEIGHT FOR 10.84 IBS GAL TONE (circle one)	WEIGHT FOR I.E.P.A. USE I		WASTE DELIVERED:	500	GALLONS (Pircle One) CU YUS.
LIQUID CLEANING COM	AMDNONE	UN	or NA Number	EPA HW Number	_
SHIPPING DESCRIPTION:	HAZARD CLASS:			_	
THE SPECIAL WASTE BEING TRANSPORTED UNDER THE	S MANIFEST IS OF THE DOT HAZ			/Liquid Gaseous	
TO BE COMPLETED BY	State	Zíp			
City		7:-	4503S		
Alternate (Facility Name)	Address			39 5	ile Number 46
CICERO	Slate	60650 .	3 / 245039 Phone Number	00 <u> </u>	968509 mber
BARON BLAKES LEE (Facility Name)	/634 5, LA/ Address				6 0 0 3 7 te Number 46
RAD-1 O. AVDE OD		DISPOSAL STORAGE OR TH		031	40037
		010 45 Phone	03563 Number		umber
Hauler Name	Hauler Address	_		H. Registration Number 32	38
	, /	3 /24/3 Phone	Number	<u> </u>	763309 Imber
Hauler Name	Hauler Address	_	4	H. Registration Number $\frac{O}{25}$	
	VV < 1 APANIE	, <u></u>	12 60650	0/	70112
City of the Control o	State	Zip WASTE HAULER(S)		EPA Number	
(Company Name)  Octubers Grove				I 100898	
MAGNETROL INT.	5300 Bevyan Address	r R. 31	2-96 9-4 000	043030 Generator Nu	0005 G
	SPECIAL	WASTE HAULING M	VANIFEST	8	13
The state of the s	2200 CHORCHILL	ROAD, SPRINGFIELD (217) 782-6760	), IEEHAOIS 02700	Authorization Number 9	92108

#### STATE OF ILLINOIS **ENVIRONMENTAL PROTECTION AGENCY** TO BE COMPLETED BY DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760 Authorization Number SPECIAL WASTE HAULING MANIFEST ILD03982 FEDERAL WASTE HAULER(S) S W.H. Registration Number 0 0490 Hauler Address Hauler Name Phone Number EPA Number DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE 97025 RT. 83 (IMILE SO, OF RT. 120) -043030000S Alternate (Facility Name) Address Site Number City State Phone Number EPA Number TO BE COMPLETED BY WASTE GENERATOR LiQuido WASTE NAME: DIL ALS WASTE PHASE (Liquid, Gaseous, Solid) THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW. HAZARD CLASS: QUANTITY OF WASTE DELIVERED: 1 100 WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. WEIGHT FOR D.O.T. USE METHOD OF SHIPMENT (Circle One) (DRUMS OPEN TRUCK TANK TRUCK OTHER (Specify) THIS IS TO CERTIFY THAT THE ABOVE NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A. I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) WASTE HAULER I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED: DATE 10 1 8/ Authorized Signature) (Authorized Signature) DISPOSAL STORAGE OR TREATMENT FACILITY HAZARDOUS WASTE SUBJECT TO FEE YES. BED WASTE AND INCOMED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE DATE: [O]

IN ILLINOIS, 217 / 782-3637 \*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR

REV # 3

COMMENTS OR SPECIAL INSTRUCTIONS

(Authorized Signature

PART - 2 IEPA PA

PART - 3 SITE PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

Authorization Number **2** 

PARTICAL NOTICE AND	Address	111317 31	7 5 4 9 9 00 0 Phone Number	0 0 4 3 0 3 C	10005 G Nomber 24
Consider Glave.	les mare de		Falacae	ZL00898	14. 人类 1. 人类
CIVE SUBSECTION	State State	Zip his a same		EPA Numb	er in the second
		WASTE HAULER(S)			
	350 SUPME			W.H. Registration Number	149000
	Hauler Address	31253 Phone	7521 Number	ILDO 00	810549 Number
WAR STORY OF THE STORY			<b>.</b>	W.H. Registration Number	49012
Hauler Name	Hauler Address				
	DECTIMATION		Number SITE	EPA .	Number
A. P. F / (Facility Name)	P.O. Gax Addiesy	DISPOSAL STORAGE OR T		097	7 0 2 5 0 3 Site Number 46
GPAYEL AKE	/LL/JO/S State	6000	3112337 Phone Number	22 043030 EPA I	0005 Number
Alternate (Facility Name)	Address	,		39	Site Number 46
City	State	Zip	Phone Number	EPA :	Number
TO BE COMPLETED BY WASTE GENERATOR WASTE NAME:	IL AND DEE	-Rensel	WASTE DHA	E LIOUIS	
THE SPECIAL WASTE BEING TRANSPORTED UNDER TH			WASTE FIA CATED IMMEDIATELY BELO	W: (Liquid, Gaseo	uc, Solid)
SHIPPING DESCRIPTION:	HAZARD CLASS:	alassa med	110	1 11-	
WASTE OIL & DEER	NOW - PA		or NA Number	EPA HW Number	
WASTE OIL - GEEK	C1115 C 102/13 - 141+ C	SHC GENALS ON	or 144 Names	7/502-	CALLONS (Pirola Ope)
WEIGHT FOR D.O.T. USE 5/5 TONS (Circle on	WEIGHT FOR I.E.P.A., USE N CONVERTED TO CU. YDS. O	AUST BE QUANTITY OF	waste delivered:	2	CU. YDS.
	RUMS 137 TANK TE	RUCK OPEN TRUCK	OTHER (Specify)		53
THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTI IN ACCORDANCE WITH THE APPLICABLE REGULATION				IN PROPER CONDITION FOR TRANS	SPORTATION;~
HEREBY AGREE TO AND CERTIFY THE ABOVE WRITT	EN INFORMATION	(Authorized	Signature)	DATE: <b>3</b> _	5-82
	THE ABOVE-DESCRIBED WASTE AN	ID QUANTITY HAS BEEN A	CCEPTED IN PROPER CONDI	TION FOR TRANSPORT AND I ACK	NOWLEDGE
THE DESTINATION AS INI	NCATED.				
1) (Authorized Signature)	4C-			DATE	ري ليد ا
2)			#	DATE:	' /
(Authorized Signature)					
DISPOSAL, STORAGE, OR TREATMENT FACILITY*	· · · · · · · · · · · · · · · · · · ·		HAZARDOUS	NASTE SUBJECT TO FEE YES_	NO
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WA	STE AND INDICATED QUANTITY HAS	S BEEN ACCEPTED AT THE	SITE SPECIFIED ABOVE:		1 1
(Authorized Signature)				DATE:	<u> </u>
COMMENTS OR SPECIAL INSTRUCTIONS:					
N ILLINOIS: 217 / 782-3637	<del></del>	GENCY AND SPILE ASSIST		OUTSIDE ILLINOIS: 800 / 42	4-8802 or 202 / 426-2675
DISTRIBUTION: PART - 1 GENERATOR PART - 2	PIEPA PART 3 SITE	PART - 4 HALLIER	PART - 5 IEPA PART	6 - GENERATOR	· · · · ·

### TO BE COMPLETED BY WASTE GENERATOR

#### JIMIE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF SAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760

SPECIAL WASTE HAULING MANIFEST

<u>046855</u>£

Authorization Number 9992108

5300 Becrious Rev. 312 9694000 04 3 030 00 0 5 6

Address Phone Number 14 Generator Number 24 MAGNETROL INT (Company Name) FEDERAL # ILDOP 9824684 LINOIS 60515 WASTE HAULER(S) 1634 S. LARAMIE AVE S W.H. Registration Number 0 139003 Z10004963509 EPA Number 3124503900 Phone Number S W H Registration Number \_\_\_\_\_\_ Hauler Name Hauler Address 0004503563 Phone Number EPA Number DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE 1634 S LARIMIE AUR 03/60037 60650 3124503900 ILO 04968509 Zip Phone Number EPA Number CILERO Alternate (Facility Name) Address Site Number City TO BE COMPLETED BY WASTE GENERATOR TEXHLOROE TRANS WASTE PHASE: THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW. 2831 UN or NA Number LIONIO CLEASING COMPOUND WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED METHOD OF SHIPMENT (Circle One) OPEN TRUCK OTHER (Specify) \_ THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF PRANSPORTATION AND I.E.P.A. I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) WASTE HAULER I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED: DATE: 03/05/ 82 (Authorized Signature) STORAGE, OR TREATMENT FACILITY DISPOSAL HAZARDOUS WASTE SUBJECT TO FEE YES\_ THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE DATE: 04105182 mont (Authorized Signature) COMMENTS OR SPECIAL INSTRUCTIONS: \*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\* OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675 IN ILLINOIS: 217 / 782-3637

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

**DISTRIBUTION: PART - 1 GENERATOR** 

TO BE COMPLETED BY WASTE GENERATOR

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760

SPECIAL WASTE HAULING MANIFEST

<u>0468560</u>

Authorization Number 992108

MAGNETROL INT.	5300 BELHONTED	3129694000	0430300005
(Company Name)	Address	Phone Number	14 Generator Number 24
DEWNERS GROVE	SOO BELLION TED  Address  /// Address  // Slate Zip	FEDERAL# 1	L 0089824684 EPA Number
	WASTE HAU 1634 S. LARATIE BUR	JLER(S)	*.: .**
BARON BLAKESLEE	Cicero ILL 60650	S W H	Registration Number 213900
Hauler Name			47
//	<u> </u>	2 450 3900 Phone Number	I L D O O H 968 5 0 9
Hauler Name	Hauler Address	S.W.H	Registration Number 32 3
nauter name		0 45 03 5 6 3 Phone Number	
			¿FA Number
Rea 1 Cameron	DESTINATION — DISPOSAL STOR	_	
BARON BLAKESLEE (Facility Name)  CILEKO	/634 S. LAK IMIE Address	BUE	<u>03 / 6 0 0 3 7</u> 39 Site Number 46
P11080	ILLINOIS GOLS	50 3124503900	D ILOO 0 496 850 9
City	State Z <sub>I</sub> p	Phone Number	EPA Number
Alternate (Facility Name)	Address		39 Site Number 4
		3124503 <b>56</b> Phone Number	<i>3</i>
City	State Zip	Phone Number	EPA Number
	(DRUMS) TANK TRUCK OPE  VASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION  VERITTEN INFORMATION	EN TRUCK OTHER (Specify)  GED, MARKED, AND LABELED AND IS IN PR TION AND I E.P.A.	OPER CONDITION FOR TRANSPORTATION.  DATE:
ASTE HAULER		Authorized Signature)	
THE DESTINATION A	THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HA IS INDICATED:	IS BEEN ACCEPTED IN PROPER CONDITION	FOR TRANSPORT AND FACKNOWLEDGE
L'Dimuli			DATE: 25 / 14 8
(Authorized Signature)			4
(Authorized Signature)			DATE:
SPOSAŁ, STORAGE, OR TREATMENT FACILITY	•	HAZARDOUS WAST	E SUBJECT TO FEE YESNO
NEMEBY CERTIFY THAT THE ABOVE DESCRIBE	D WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTI		
(Authorized Signature)	ano		DATE: 25/28/ 8
OMMENTS OR SPECIAL INSTRUCTIONS:	· .		
ILLINUIS. 217 / 102-3037	*24 HOUR EMERGENCY AND SPIL		OUTS!DE ILLINOIS: 800 / 424-8802 or 202 / 426-267
ISTRIBUTION: PART - 1 GENERATOR PA	RT - 2 IEPA PART - 3 SITE PART - 4 HAULE	ER PART - 5 IEPA PART 6 - G	ENERATOR

TO DE COMPLETED BY NASTE GENERATOR

REV #3

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760 SPECIAL WASTE HAULING MANIFEST

 $\underbrace{0468561}_{\text{1}}$  Authorization Number  $\underbrace{\cancel{P}}_{8}\cancel{L}\cancel{L} \underbrace{\cancel{L}\cancel{P}}_{13}\cancel{L}$ 

	Address		
City City	/LLINOIS 60515 State Zip	FEDELAL I	L 008982468
<b>→</b>	WASTE HAULEF	• •	
T LIQUID WASTE	350 SUMAE Wheeler Hauler Address	St. 122 60090	edistration Number 004900
Hauler Name	Hauler Address	5.W.II. II	25
	<u> 3/2</u>	<u>5379221</u> Phone Number	<u> ZLD00081053</u> EPA Number
Hauler Name	Hauler Address	S.W.H. P	legistration Number $\frac{O}{32}$ $O$ $490$ $1$
riguer realic			
·		Phone Number	EPA Number
RF /care. pr.	DESTINATION — DISPOSAL STORAGE	_	0970251
R. F. / GRAYS LAKE (Facility Name)  CRAYS LAKE  City	P.O. Box Address 342	_07 X7 /20)	39 Site Number
GRAYS LAKE	THUNOIS 6003	0 3/2223272	EPA Number
City	State Zip	Phone Number	EPA Number
Alternate (Facility Name)	Address	<del></del>	39 Site Number
City	State Zip	Phone Number	EPA Number
COMPLETED BY			
SHIPPING DESCRIPTION:  NASTE OIL 4 DEGILE  IT FOR — (BS) / OR	HAZARD CLASS:  NOW - RESTRICTED  ASEL NOW - HIR ZALDONS  WEIGHT FOR I.E.P.A. USE MUST BE QUANTUM	UN or WA Number	ERN HW Number  SALLONS (Circle 0)
USE TUNS (circle o		TRUCK OTHER (Specify)	52 2 CU YUS
S TO CERTIFY THAT THE ABOVE NAMED WAS	Number Ste are properly classified, described, packaged		PER CONDITION FOR TRANSPORTATION.
	INS OF THE ILCINOIS DEPARTMENT OF TRANSPORTATION	N AND LE PA	- / /
CORDANCE WITH THE APPLICABLE REGULATION			8/11/05
CORDANCE WITH THE APPLICABLE REGULATION	TTEN INFORMATION	horized Signature)	DATE: 8/11/82
CORDANCE WITH THE APPLICABLE REGULATION EBY AGREE TO AND CERTIFY THE ABOVE WRITE FE HAULER	TTEN INFORMATION (Author)  T THE ABOVE DESCRIBED WASTE AND QUANTITY HAS B		
CORDANCE WITH THE APPLICABLE REGULATION  EBY AGREE TO AND CERTIFY THE ABOVE WRITE  I HEREBY CERTIFY THA  THE DESTINATION AS II	TTEN INFORMATION (Author)  T THE ABOVE DESCRIBED WASTE AND QUANTITY HAS B		OR TRANSPORT AND I ACKNOWLEDGE
E HAULER  CORDANCE WITH THE APPLICABLE REGULATION  CERTIFY THE ABOVE WRITH  HEREBY CERTIFY THA	TTEN INFORMATION (Author)  T THE ABOVE DESCRIBED WASTE AND QUANTITY HAS B		DR TRANSPORT AND I ACKNOWLEDGE  DATE 58 / 16 / 5
E HAULER  I HEREBY CERTIFY THE ABOVE WRITHED THE ABOVE WRITH T	TTEN INFORMATION (Author)  T THE ABOVE DESCRIBED WASTE AND QUANTITY HAS B		OR TRANSPORT AND I ACKNOWLEDGE
E HAULER  I HEREBY CERTIFY THE ABOVE WRITTHE DESTINATION AS I	TTEN INFORMATION (Author)  T THE ABOVE DESCRIBED WASTE AND QUANTITY HAS B		DATE
E HAULER  I HEREBY CERTIFY THE ABOVE WRITTHE DESTINATION AS IT (Authorized Signature)  (Authorized Signature)  SAL, STORAGE, OR TREATMENT FACILITY*	TTEN INFORMATION (Author)  T THE ABOVE DESCRIBED WASTE AND QUANTITY HAS B	BEEN ACCEPTED IN PROPER CONDITION FO	DATE
E HAULER  I HEREBY CERTIFY THE ABOVE WRITTHE DESTINATION AS IT (Authorized Signature)  (Authorized Signature)  SAL, STORAGE, OR TREATMENT FACILITY*	TTEN INFORMATION (Author)  AT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BINDICATED.	BEEN ACCEPTED IN PROPER CONDITION FO	DATE
E HAULER  I HEREBY CERTIFY THE ABOVE WRITTHE DESTINATION AS IT (Authorized Signature)  (Authorized Signature)  SAL, STORAGE, OR TREATMENT FACILITY*  EBY CERTIFY THAT THE ABOVE DESCRIBED A	TTEN INFORMATION (Author)  AT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BINDICATED.	BEEN ACCEPTED IN PROPER CONDITION FO	DATE
E HAULER  I HEREBY CERTIFY THE ABOVE WRITTHE DESTINATION AS IT (Authorized Signature)  SAL, STORAGE, OR TREATMENT FACILITY  (Authorized Signature)  (Authorized Signature)	TTEN INFORMATION (Author)  AT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BINDICATED.	BEEN ACCEPTED IN PROPER CONDITION FO	DATE ASSOCIATION OF TRANSPORT AND I ACKNOWLEDGE  DATE ASSOCIATE  DATE SUBJECT TO FEE YES NO  DATE SO SOLUTION OF THE SOLUTION

#### SIMIE OF ILLINOIS

COMPLETED BY E.GENERATOR

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217' / 02-6760

Authorization Number 9992263

ما المرة البياء .

SPECIAL WASTE HAULING MANIFEST

MAGNETROL INT. (Company Name)	5300 B	Persont 3	312969400	00936	930005 Generator Number 2
(Company Name)	Address	5			
andwers GROVE	State	60515	PEDERAL	ILDOS	8 9 8 2 9 6 8 9 PA Number
City	State	Zip			PA Number
		WASTE HAULER	(S)	*	-
BARON BLAKESLEE	1634 5, LA	CAMIE AUE	<b>&gt;</b>	W.H. Registration Number	0/3900
Hauler Name	Hauler Address	60.00	J		27 3
	CHEED, ICC	3/2	4503900	Z 20	PA Number
//	//	i	HOUS MAINDE		•
Hauler Name	Hauler Address	<del></del>	S	W.H. Registration Number	32 3
		3/27	9/5/035/43 Phone Number		
					EPA Number
		ON — DISPOSAL STORAGE		_	<b>-</b>
BARON BLAKESLEE (Facility Name)	_ 7639	S. LARAMIL	- AUC	<u>0</u>	3 / 6 0 03 7
		dress	<b>.</b>		
CICERO	State	6065	0 3/24503	900 140	00494 8509 EPA Number
City	State	Zıp	Phone Number		EPA Number
Alternale (Facility Name)	Add	dress		39	Site Number 46
, , , , , , , , , , , , , , , , , , , ,			31245035	63	• • • • • • • • • • • • • • • • • • • •
City	State	Zip	Phone Number		EPA Number
TO BE COMPLETED BY WASTE GENERATOR					
WASTE BENEFITOR	ASTE TRICK	WORE THAN	<b>YE</b> WASTE PHA	SE:	( <i>ÇUII)</i> d. <del>daseous, Solid)</del>
LIQUID CLEANING		DOT —	UN or NA Number	EPA HW N	imber  CALLONS Durate (Ine)
WEIGHT FOR 10. 34 IBS 6A TOMS (circle	weight for i.e.p.a. one) converted to cu. y		Y OF WASTE DELIVERED:	$ \frac{2}{52}$	z CU. YDS.
METHOD OF SHIPMENT (Circle One)	(DRUMS) TA	ANK TRUCK OPEN TI	RUCK OTHER (Specify) _		• • • • •
••	Number	or Ell I	)e (epee), _		•••
THIS IS TO CERTIFY THAT THE ABOVE-NAMED WA				IN PROPER CONDITION FO	DE TRANSPORTATION,
		مند		0.75	10-12-82:
I HEREBY AGREE TO AND CERTIFY THE ABOVE WR	ITTEN INFORMATION	(Autho	orized Signature)	DATE:	
WASTE HAULER	<del></del>				
HEREBY CERTIFY IN		TE AND QUANTITY HAS BE	EEN ACCEPTED IN PROPER CONDI	ITION FOR TRANSPORT AN	ID + ACKNOWLEDGE
010/1	11011				• • • • •
mb & Where	ven-			DATE	10/22/08
(Althorized Signature)					\$
(2)				DATE	
(Authorized Signature)					• •
DISPOSAL, STORAGE, OR TREATMENT FACILITY*			HAZARDOUS	WASTE SUBJECT TO FEE	YES NO
HEREBY CERTIFY THE THE ABOVE DESCRIBED	WASTE AND INDICATED QUANTIT	TY HAS BEEN ACCEPTED A	T THE SITE SPECIFIED ABOVE:		
And Pital				DATE	1017182
(Authorized Synature)		1		DATE	
COMMENTS OF SPECIAL INSTRUCTIONS	n: 10 x	Kanas	FOC AL	NO. 0-	( company
COMMENTS OR SPECIAL INSTRUCTIONS:	1000	1	3/// 1	0	MIT
NO 17 U 515 A	fax. (e)as	تاست	774 al	MURAYON	atole //aluria
IN ILLINOIS, 047 / 702 2527	*24 HOUR	EMERGENCY AND SPILL AS	SSISTANCE NUMBERS*	OUTCIDE IL LINOIS	000 / 404 0000 or 000 / 406 00

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 5 IEPA

PART 6 - GENERATOR

PART - 4 HAULER

#### TO BE COMPLETED BY WASTE GENERATOR

#### SIMIE OF ILLINOIS

**ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706

Authorization Number 31/1/51

(217) 782-6760 SPECIAL WASTE HAULING MANIFEST 
 5300
 Believe III
 3129694000
 643030000
 56

 Address
 Phone Number
 14
 Generator Number
 24
 FEDERAL IL 0089324684 S.E. T. LIQUID WASTE 350 SUMME

Hauler Name

Wheeling, 121 60090

3125319221 S W H Registration Number 0 049 002 S.W H Registration Number 0049012 Hauler Name Hauler Address Phone Number EPA Number DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE RT. 83 (IMILE SO. OF RT 120) P.O. BUX Addie 1/2 Alternate (Facility Name) Address City Phone Number EPA Number . . TO BE COMPL! . D BY WASTE NAME: OIL & DEGREASER WASTE PHASE: \_ THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW SHIPPING DESCRIPTION: HAZARO CLASS: NOW-RESTRICTED WASTE OIL & DEGREASEL QUANTITY OF WASTE DELIVERED: 40 060 5 (GALLONS) Circle Oge) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. WEIGHT FOR METHOD OF SHIPMENT (Circle One) OPEN TRUCK TANK TRUCK OTHER (Specify) \_\_\_ THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A. I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) **WASTE HAULER** I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED DATE: 10/13 8\_ (Authorized Signature) DISPOSAL, STORAGE, OR TREATMENT FACILITY\* HAZARDOUS WASTE SUBJECT TO FEE YES. BOVE-DESCRIBED WASTE AND INDUCATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE (Authorized Signature)

COMMENTS OR SPECIAL INSTRUCTIONS:

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 762-3637

## APLETED BY

#### STATE OF ILLINOS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760

Authorization Number 992100

SPECIAL WASTE HAULING MANIFEST

MAGNETROL INT	5300 Bears	10NT 31.	2 94 9 4 000 Phone Number	$\underbrace{O \ \mathcal{Y} \ \mathcal{3} \ O \ \mathcal{3} \ O \ O}_{\text{Generator Number}} \underbrace{O \ \mathcal{S} \ \mathcal{G}}_{\text{24}}$
Power Grove	State		FEBERAL_	Z L O O P 9 8 2 4 6 P 4
VII)		WASTE HAULER(S)		
BARON BLAKES LEE	/C3y SARA Hauler Address	PrinE Ave	sw.	Registration Number 0/39005 31
//	//	Phone	503900 Number	
Hauler Name	Hauler Address	31 245	03563	Registration Number 222 38
		Phone	Number	ÉPA Number
	DESTINATION - DIS	SPOSAL STORAGE OR TE	REATMENT SITE	
BALON BLAKESLEE (Facility Name)	1434 S. 4 Address	ACAMIE	AUC	0 3 / 6 0 0 3 7 39 Site Number 46
CICERO	State	60650 E	3 /2 //5 639 0 Phone Number	O ILD 004 9 685 09  EPA Number
Alternate (Facility Name)	Address		312 450356	39 Site Number 46
City	State	Zip	3 / 2 /3 0 3 5 6 Phone Number	EPA Number
TO BE COMPLETED BY WASTE GENERATOR	note Tana	creThAN	<i>'0</i>	LIQUID
WEIGHT FOR 10. BY LBS / CAL 100 T. USE 10. BY LBS / CAL 10	WEIGHT FOR I.E.P.A. USE MUS CONVERTED TO CU. YDS. OR C	ST BE QUANTITY OF V	`	EPA HW Number  1 GALLONS (circle One) 2 CU. YDS.  53
METHOUGH SHIPMENT (Circle One)  THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE IN ACCORDANCE WITH THE APPLICABLE REGULATIONS		BED, PACKAGED, MARK		
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTE	N INFORMATION	(Authorized	Signature)	DATE: 5-16-83
I HEREBY CERTIFY THAT THE DESTINATION AS INDI  (1) Authorized Signature)  (2) (Authorized Signature)				DATE: $0 \le 2 \le 8 = 3$ DATE: $0 \le 1 \le 3 \le 59$
DISPOSAL, STORAGE, OR TREATMENT ACILITY*			HAZARDOUS WAS	TE SUBJECT TO FEE YES NO
Authorized Signature)	TE AND INDICATED QUANTITY HAS E	SEEN ACCEPTED AT THE	SITE SPECIFIED ABOVE	DATE 5/25/83
COMMENTS OF SPECIAL PASTRUCTIONS: 17	alva 4	25	ala	
IN ILLA MOIC. 047 4 700 0007	*24 HOUR EMERGE	NCY AND SPILL ASSISTA	ANCE NUMBERS*	OUTCOS HILINOIS 200 / 404 0000 202 / 405 0575

DISTRIBUTION: PART - 1 GENERATOR :

PART - 2 IEPA

PART - 3 SITE

PART - 5 IEPA

PART 6 - GENERATOR

PART - 4 HAULER

TO BE COMPLETED BY

**ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706

(217) 782-6760

0853358

Authorization Number

PART 6 - GENERATOR

$\Omega$	SPECIAL WASTE	HAULING MANIFEST	
Manutal 5.	30 Belmont Rd	3129694000	043030005 14 Generalor Number 2
(Company Name)	Address 60575	Phone Number	14 Generator Number 2 14 000/8508
City	State Zip		EPA Number
0 010	WAST	E HAULER(S)	
SET Lynnellette 550	Hauler Address	S W	H Registration Number 20 49011
Hauser Name		5125379221 Phone Number	H Registration Number 20 49011 1 L DOO 8 10 549 EPA Number
			H Registration Number
Hauler Name	Hauler Address		32
2 Avaire		Phone Number	EPA Number
Fill Och I	JESTINATION - DISPOSAL	STORAGE OR TREATMENT SITE	9180910
/Fácility Name)	A / Address/	my per	91809103 Site Number 41 03 EPA Number
Kny Shuy	Ind 46	354 219 39335	4 IND264700883
City	State	Zip Phone Number	EPA Number
Alternate (Facility Name)	Address	<del></del>	39 Site Number
City  TO BE COMPLETED BY	State	Zip Phone Number	EPA Number
WASTE GENERATOR WASTE NAME COST	e/// tuckers	ellane WASTE PHASE	Lawe
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MA	NIFEST IS OF THE DOT HAZARD CLAS		(Light), Gaseous, Solid)
SHIPPING DESCRIPTION:	ZARD CLASS:	1110021	FORT
Charle III In a blow the	- OFW-A	UNZ851	EPA HW Number
001/	ANTENNA CON LE DA LAGE ANION DE	04	1870 GALLONS (Circle One)
WEIGHT FOR 20 YOU TONS (circle one)	WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.	QUANTITY OF WASTE DELIVERED: 47	2 CU. YDS. 53
METHOD OF SHIPMENT (Circle One) (DRUMS	34) TANK TRUCK	OPEN TRUCK OTHER (Specify)	
THE IC TO SECTION THAT THE ADDRESS HARRES HARRES	Number	**************************************	DOOM CONDITION FOR TO AN ADDRESS AT LONG
this is to certify that the above-named waste are in accordance with the applicable regulations of t			PROPER CONDITION FOR TRANSPORTATION.
HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INF	ORMATION	(Authorized Streeture)	DATE: _// -// -8 _3
WART HAWED		(Authorized Signature)	
I HEREBY CERTIFY THAT THE A		TY HAS BEEN ACCEPTED IN PROPER CONDITIO	ON FOR TRANSPORT AND I ACKNOWLEDGE
1/1/24 1/1/	7		11,17,0
(Authorized Signature)			DATE:
(2)			DATE:/
(Authorized Signature)			Sinks (#)
DISPOSAL, STORAGE, OR TREATMENT FACILITY*		HAZARDOUS WA	STE SUBJECT TO FEE YESNO
I HEREN CERTIFY THAT THE ABOVE-DESCRIBED WASTE AN	ND INDICATED QUANTITY HAS BEEN A	CCEPTED AT THE SITE SPECIFIED ABOVE:	
(Authorized Signature)	<del>_</del>		DATE: $\frac{1}{60}$
		1	7 (1997) 1997 - 1997
COMMENTS OR SPECIAL INSTRUCTIONS:			designing the
	<u> </u>		The state of the s
IN ILLINOIS: 217 7 782-3637	*24 HOUR EMERGENCY AI	O SPILL ASSISTANCE NUMBERS	OUTSIDE ILLINOIS: 800 / 424-8802 or 2027/426-26

DISTRIBUTION: PART -1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA

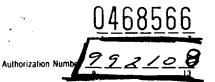
TO BE COMPLETED BY WASTE GENERATOR

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ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND FOLLUTION CONTROL

2200 CHURCHILL ROAD SPRINGFIELD, ILLINOIS 62706

(21 732-5760 SPECIAL WAS ... HAULING MANIFEST



(Company Name)	5300 8	acraws Rd 3	7/2 91.9 450 Phona Number	0 043 0	30005
, , ,			•		
owners brove	ノとと State	<u>60575</u> Zip	FESELAL	IL 008	982968 Number
City	State			LFA	Number C7 /
		WASTE HAULER	(3)		
ROW BLAKESLEE	11.34 5 1	ARAMIE A.	•	.W.H. Registration Number	0/3900
IKON BLAKESLEE / Hauler Name	Hauler Address	TO TO	5	$Z40 \sigma^2$	17937660
		312	4 50 39 0 0	1.00	0490850
//	11		Phone Number		EPA Number
	·		S	.W.H. Registration Number	
Hauler Name	Hauler Address	9 / 5	11-1-2-12	3	2
		3/2	4503563 Phone Number		EPA Number
	DESTIN	ATION — DISPOSAL STORAGE			- CONTROL
ap ) . A. Akariaa				0.3	716003
1RW - BLAKESLEE - (Facility Name)	_ / 60/ 0/	LAR AMIE Address	AUE	718 8	92Site Humber
CICERO	111	1-1.0	31740039	OD ILA	5/73/068
City	State	Zip	5 3 12 450 39 Phone Number	=======================================	EPA Number
Alternate (Facility Name)		Address	<del></del>	39	Site Number
			3/245030	56 3	
City	State	7,	Phone Number		EPA Number
COMPLETED BY	17	richlorethu	lenel	<i>i</i> ,	
E GENERATOR WASTE NAME:	JASTE DE	The same of the sa	WASTE PHA	(SE: 4/9	DUID
HOUID OLEANING	Consound	Not -	UN or NA Number	EPA HW Numb	
TI FOR 10,84 IBS/GAZ		P.A. USE MUST BE U. YDS. OR GAL. QUANTIT	Y OF WASTE DELIVERED: 47	<u> 250</u>	GALLONS (Circle Or 2 CU: YDS:
METHOD OF SHIPMENT (Circle One)	(DRUMS)	TANK TRUCK OPEN T	RUCK OTHER (Specify)		
S TO CERTIFY THAT THE ABOVE-NAMED WAS CORDANCE WITH THE APPLICABLE REGULATION	STE ARE PROPERLY CLASSII ONS OF THE ILLINOIS DEPA	FIED, DESCRIBED, PACKAGED, RTMENT OF TRANSPORTATION	MARKED, AND LABELED AND IS		
EBY AGREE TO AND CERTIFY THE ABOVE WRIT	TTEN INFORMATION	Jane	post	DATE:	1-6-84
<u> </u>		. (Auth	orized Signature)	4"	
I HEREBY CERTIFY THAT THE DESTINATION AS I		WASTE AND QUANTITY HAS B	EEN ACCEPTED IN PROPER COND	ITION FOR TRANSPORT AND I	ACKNOWLEDGE
7 ()	1				1110
fre Jasen	$\sum$			DATE:	21718
(Authorized Signature)					' '
(Authorized Signature)	<u> </u>			DATE _	
(Administration Signature)					
SAL, STORAGE, OR TREATMENT ACILITY			HAZARDOUS	WASTE SUBJECT TO FEE	/ES NO_ <b>_</b>
	NASTE AND INDICATED QUA	ANTITY HAS BEEN ACCEPTED A	AT THE SITE SPECIFIED ABOVE		
LEBY CERTIFY HAT THE ABOYE DESCRIBED W					
EBY CERTINY HAT THE ABOVE DESCRIBED V				DATE	_21_7/89
EBY CERTITY HAT THE ABOVE DESCRIBED W				DATE	<u>21_Z/2/</u>
(Anthonize signature)	TIN VIIO /	10A'A() <	230 m 11 m	DATE _	<u>, 21_Z184,</u>
	ually 1	lec's o	230 gollo	DATE o	,21_Z184,
(Abthorized bignature)	ually 1	lec's ?	230 gollo	DATE o	,21_Z184,

TO BE COMPLETED BY WASTE GENERATOR

**ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF LAND POLLUTION CONTROL 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760 SPECIAL WASTE HAULING MANIFEST

Authorization Number 20003

300 BELMONT 3/1969 4000 043 03 00 00 5 G
Address Phone Number 14 Generator Number 24 State WASTE HAULER(S) S W.H. Registration Number 1123018 3 1 2 6 9 7 8 4 6 0 Phone Number S.W.H. Registration Number Hauler Name Hauler Address EPA Number Phone Number DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE 03143801 39 Sile Number AFE-TY - KLEEN (Facility Name) 60/20 3126978460 IL 0000805911
Phone Number EPA Number ELGIN Alternate (Facility Name) Address Site Number State Phone Number **FPA Number** City TO BE COMPLETED BY **WASTE GENERATOR** TRICHLOROE THYLENE WASTE PHASE: THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW. SHIPPING DESCRIPTION HAZARD CLASS UN 1710 QUANTITY OF WASTE DELIVERED 000250 GALLONS Circle One) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. D.O.T. USE OPEN TRUCK OTHER (Specify) \_ METHOD OF SHIPMENT (Circle One) (DRUMS\_ TANK TRUCK THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E P.A. I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) WASTE HAULER I HEREBY CERFIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED: DATE 05/03/84 (Authorized Signature) (Authorized Signature) DISPOSAL, STORAGE, OR TREATMENT FACILITY® HAZARDOUS WASTE SUBJECT TO FEE YES. THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE DATE 05/038 Authorized Synnature) COMMENTS OR SPECIAL INSTRUCTIONS \*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\* N ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SILE

PART - 5 IEPA

PART 6 - GENERATOR

## TO RECOMPLETED BY WASYE WENERATOR

#### STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION &F LAND POLLUTION CONTROL 2200 CHÜRCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6760 <u>0468569</u>

Authorization Number 600003

SPECIAL WASTE HAULING MANIFEST 31 2969 4000 043 030 000 5 G
Phone Number 14 Generator Number 24 TAGNETROL INT. (Company Name) WERS GROVE ELGIN, ILL
Hauler Address S.W.H. Registration Number 1123018 APETY - KLEEN 3 12 69 7 8 4 6 0 Phone Number IL 0000805911 S.W.H. Registration Number \_\_\_\_\_\_ Hauler Address Hauler Name Phone Number **EPA Number** DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE 03 1 4 3 80 1 39 Site Number 46 60/20 3/2/978460 ILO 0008059//
Zip Phone Number EPA Number Site Number Alternate (Facility Name) Address City Phone Number EPA Number TO BE COMPLETED BY TRICHLOROETHANE WASTE PHASE: WASTE GENERATOR THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW. HAZARD CLASS WASTE QUANTITY OF WASTE DELIVERED: 47 O O O GALLONS (Circle One) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. OPEN TRUCK OTHER (Specify) \_\_\_ METHOD C: TANK TRUCK AMENT (Circle One) THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A. I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION (Authorized Signature) **WASTE HAULER** HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE HE DESTINATION AS INDICATED DATE 05/03/ 84 (Authorized Signature) DISPOSAL, STORAGE, OR TREATMENT FACILITY® HAZARDOUS WASTE SUBJECT TO FEE YES. THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE DATE: 050384 (Authorized Signature) Hual andlon COMMENTS OR SPECIAL INSTRUCTIONS: \*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\* IN ILLINOIS 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675 DISTRIBUTION: PART - 1 GENERATOR PART - 5 IEPA PART - 3 SITE PART - 4 HAULER PART 6 - GENERATOR PART - 2 IFPA

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				the state of the s	16005 1+	<u></u> ,				
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	afety-		rp.		00805		Me et		1161321	2
7.	Transporter 2 Co	impany Name	1		S EPA ID Number	r 	Emilian	Gigorian	1	
_	Designated Facility	- Nome and Cite As	te e e e e e e e e e e e e e e e e e e	10. 119	C FDA ID Namba	• • • • • •	<b>(</b> 4) 15:		13 * . 1 · 1 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	- 5 15 () 
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b.		<u> </u>		<u> </u>	1110				3.23	HAY NAME
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15	,	g Instructions and Ad	Iditional Information							
	. GENERATOR*	S CERTIFICATION:	I hereby declare tha	t the contents o	of this consignme	nt are fully	and accura	ntely describ	ed	
	GENERATOR'S	S CERTIFICATION: or shipping name and	I hereby declare tha	ked, marked, an	d labeled, and ar	re in all res	pects in pr	oper conditi	ion	
	GENERATOR'S	S CERTIFICATION:	I hereby declare tha	ked, marked, an	d labeled, and ar	re in all res	pects in pr	oper conditi	ion	Date
	GENERATOR'S above by prope for transport by Printed/Typed N	S CERTIFICATION: er shipping name and highway according	I hereby declare that d are classified, pact to applicable interna	ked, marked, an ational and natio	d labeled, and ar onal governmenta ature	re in all resol regulation	pects in pr	oper conditi	ion ns.	Date h Day
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16.	GENERATOR* above by proper for transport by Printed/Typed N	S CERTIFICATION: er shipping name and highway according	I hereby declare that di are classified, pact to applicable interna	ked, marked, an ational and natio	d labeled, and an onal governmenta	re in all resol regulation	pects in pr ns, and Illine	oper conditions regulation	Month	Day Date
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	5300 Belmont Roc	rd, Donnie	rs Grove		BJIline	ois			
	Generator's Phone(31~ ) 9(	6-4000			ID.	nerator's	10141	3101	30,00
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PART - 6 GENERATOR



		10-22 (3-84)			00-0404. Expires 7-31-
	. Generator's US EPA ID No.  T. L. D. 0. 8 9 8 2 4 6 8 4 1	Manifest Document No.	2. Page 1	Information in the required by Fedi by Illinois law.	ne shaded areas is not eral law, but is required
	AGNETTOL FNT. I	NC.		fest Document	
1 5300 Belmont Kd.	7.14	•	Dillingia	<u> 12863</u>	<u>33</u>
DOWNERS Grove, III 4. Generator's Phone (3,2) 969-	L 4000		B.Illinois Generator's	0.430	31010101015
5. Transporter 1 Company Name	6. US EPA ID Nu	mber	C.Illinois Tran	porter's ID	1/1/25
SAFETY-KIECH CORP	TLD00080				ansporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Nur	mber	E.Illinois Tran	<del></del>	ansporter's Phone
Designated Facility Name and Site Address	10. US EPA ID Nur	mber	G.Illinois		ansporter's Fliorite
SAFETY-KIEEN COFF.			Facility's ID	1013114	3,8,0,0,0,1
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ELGIN, TL 60120 11. US DOT Description (Including Proper Ship)				7-1824	<b>†</b>
HM	ping Name, Hazaru Class, and 10 Numi	No.	_   T	otal Unit	Waste No.
a. TRICHICROSTINE	R.Q.			1	EPA HW Number
X	ene R.Q. Orm-A UN-1710	5 00E	DMO.O.	225	Authorization Number
b. Waste Phase C	DKIN-H DM-1 (10	) <u>U.C.S</u>	D1110101	465 4	EPA HW Number
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d.					EPA HW Number
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J. Additional Descriptions for Materials Listed Ab					1 1 1 1 1 es Listed Above
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•	declare that the contents of this consignssified, packed, marked, and labeled, ar	id are in all res	spects in prope	er condition	Date
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PART - 4 TRANSPORTER

PART - 3 FACILITY

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA



	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's 1	SEPAID NO. 95246841	Manifest Document No.	2. Pa	red	ormation in t quired by Fed Illinois law.	he shaded areas is not deral law, but is required
	Generator's Name and Mailing Address		100 100 11			ois Manifes	Documen	
N	MAGNETROL INT.	INC,		1			<u> 2863</u>	334
è	Generator's Phone (312) 960	アードンシン	Grove, L	- 515	B.Hlind Gen		).u.3./	2300000
	Transporter 1 Company Name	6	<ul> <li>US EPA ID Nur</li> </ul>	nber	C.Min	ois Tranpor	ter's ID	1712
-	SAFETY-KLEEN		ILD0 0080		_			ransporter's Phone
7.	Transporter 2 Company Name	č	US EPA ID Nur	nber		is Transpo		ransporter's Phone
<u>-</u> -	Designated Facility Name and Site Address	1	0. US EPA ID Nur	nber	Gilling	xis		
	SAFETY-KLEEN				ID	lity's	0.3111	13180100
	500 E. VILLA ST. ELGIN, IL. 60/2	0	ILD00088	5911	1	ility's Phone コルタイ		4
	1. US DOT Description (Including Proper Si					13.	14.	
	НМ			No.	Туре	Total Quanti		ol Waste No.
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J.	Additional Descriptions for Materials Listed	Above				ndling Code n #14: 1 =		tes Listed Above
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15	5. Special Handling Instructions and Addition	al Information			* ****			
	5. Special Handling Instructions and Addition		II A is	UNd.	21 I.	/PT(	able	
•	I MATERIAL IN	ITEM		UND.	el iv	ver (	able	٠,
•		ITEM		пиq	eln	/er(	able	· ,
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•	I MATERIAL IN RETURN TO The	ITEM GENE by declare that the classified, packed	rector le contents of this consign l, marked, and labeled, an	nment are fully	and ac	ccurately de	escribed ondition	
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UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. ILLDOR9824	Document No.	rec	ormation in the shaded areas is not juired by Federal law, but is required Illinois law.
3. Generator's Name and Mailing Address  MAGNETROL INT				Document Number 286338
5300 BELMONT, DA. Generator's Phone (312)	SULLETS Grove	e, ILL 60515	B.Illinois Generator's	0.4.30.300.00.00
5. Transporter 1 Company Name	ο. υς	EPA ID Number	C.Minois Tranport	er's ID
SAFETY-KLEEN 7. Transporter 2 Company Name		008059// EPA ID Number	D.(3/2) 697 E.Illinois Transpor	1_/824 ransporter's Phone
7. Transporter 2 wompany Manie	1		F.( )	Transporter's Phone
9. Designated Facility Name and Site Addres SAFETY-KLEEN	s 10. US	EPA ID Number	G.Illinois Facility's ID	031438000
1500 E. VIIIa ST. ELGIN ILL, 601	20 ELDO	00805911	H.Facility's Phone (3) 49	7-1824
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15. Special Handling Instructions and Addition  IF WATERIAL IN	nal Information	i< 11kido 1	1:	J 6
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19. Discrepancy Indication Space				
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20. Facility Owner or Operator: Certification tem 19.			nifest except as r	noted in
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2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

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PART - 4 TRANSPORTER

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761 LPC 62 8/81 EPA Form 8700-22 (3-84) (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB\_No: 2050-0039. Expires 9-30-88 **UNIFORM HAZARDOUS** Information in the shaded areas is not 1. Generator's US EPA ID No. required by Federal law, but is required ILD089824684 **WASTE MANIFEST** by Illinois law 3 Generator's Name and Mailing Address MAGNETROL INT. INC. 5300 BELMONT RD., DOWNERS GROVE 4. Generator's Phone (312 5. Transporter 1 Company Name SAFETY KLEEN 7. Transporter 2 Company Name 9. Designated Facility Name and Site Address SAFETY KLEEN 1500 E. VILLA ST., ELGIN, IL [ILD000805911 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12.Containers Total Type 1.1.1. TRICHLOROETHANE 20 N ORM-A WASTE LIQUID UN2831 005 0MD0 b. R 0 d. 15. Special Handling Instructions and Additional Information エモ MATERIAL IN 11.A UNDELIVERABLE RETURN To GENERATOR GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment Date Printed/Typed Name Month Day Year OREN DATA 17*0887* 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day Signature Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space VOLUME CORRECTED TO С 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Printed/Typed Name Month Day Signature ATHERINE 070881

N ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY **PART - 4 TRANSPORTER** 

PART - 5 IEPA PART - 6 GENERATOR 2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217, 782-6761

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11	9. Designated Facility Name and Site Address	10. 11	S EPA ID Number	,	C III AAA	. TANDATA	Mary Salva
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	19. Discrepancy Indication Space		<del> </del>				<del></del> · · · ·
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	CATHERINE L. ILLYE	<u> </u>	Cothe	iai -	مريح	llon	10.1687
LIN		OUR EMERGENCY AND SPILL	ASSISTANCE NUM	BERS*	OUTSIDE ILL	NOIS: 800 / 4	24-8802 or 202 / 426-2675
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### STATE OF ARKANSAS Department of Pollution Control and Ecology P. O. Box 9583 Little Rock, Arkansas 72219

Ple	ase print or type. (Form designed for use on el	ite (12-pitch) typewriter.)		Form Approve	d. OMB No.	2050-0039. Expires	3-30-00
Å	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.  TI LI DI () 81 418 12 14 16 18 1	Manifest Document No. 4 16 16 14 17 18	2. Page 1 of ]	Information required by	in the shaded areas i Federal law.	s not
	3. Generator's Name and Mailing Address Magnetrol International,	Inc.		A State Marille AR- 26	COLATT C	Number	
	5300 Belmont Road  Downers Grove: 11 ,609	515 969-4000 <sup>1</sup> AC	) 1 La 34 <b>5</b> 11	B. State Genera	tor's ID		
	5. Transporter 1 Company Name	6. US EF	PAID Number	C. State Transporter	1 1 mg (mg ) mg	COIL H	32/
	Great Lakes Environmenta 7. Transporter 2 Company Name		PA ID Number	E. Stale Transp	orter's ID	57=150-0400	
				F. Transporter's		a de la company	
	9. Designated Facility Name and Site Address Ensco, Incorporated American Oil Road	10. US EF	A ID Number	G. State Facilit	EAT - S	C (4)	
	El Dorado, AR 71730	A R D O 6 9 7	48192	He Facility's Ph	863-717	3 .	
	11. US DOT Description (Including Proper Shipping Na	me, Hazard Class, and ID Number)	12. Contai No.	Т .	otal	14. Unit It/Vol Waste No	
GENED	a. (RQ) Waste Flammable Liq Flammable Liquid U	aid, NOS N1933 (EPA Ignitabilit	y) 3	D M	40	G D001	
ATOR	(RQ) Waste Corrosive Liq Corrosive Material	uid, NOS UN1760 (EPA Corrosivi	ty)         2	DIM I I	[1]2	G D002	
	Waste Sodium, Metal Disports FL. Solid UN1429	ersion in Organic Solve		DIM   !	1	G D 0 0 3	
	d. Waste Nitric Acid Oxidiz	er UN2031		D[M] [ ]	1	G_D001	
				V Handling Co.	4	I have the said a no	11
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	l b. Drums #band 7 La		2	IN 0 BONTA (3/3) 7	958 0 CT 70 58-0	5400	יאט_
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	b. Drums #6and 7 La C. Drum #4 if no alternate TSDF, return to gene	rator ation are that the contents of this consignment are fin proper condition for transport by highway accordance a program in place to reduce the volume and tox od of treatment, storage, or disposal currently as	ully and accurately desording to applicable inte icity of waste generated ailable to me which mir	3/3) 7.	orroper shipping ional government and future to	g name and are classifient regulations and Arid to be economically phreat to human health	lied, kan- orac- and
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PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

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		RATOR PART - 2 IEP			ART - 4 TRANSPORTER	PART		PART - 6 GEN		

, SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

STANDEROL PINDION OF ACT

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS AND SPECIAL WASTE.

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.)  EPA Form 8700-22 (Rev. 9-86) Form Approved. OMB No. 2060-003  Language III. Generator's US EPA ID No.  Manifest III. Generator's US EPA ID No.  Approved to the province of the province	
WASTE MANIFEST ILDO89824684   Document No.   1 of   by Illinois law.	haded areas is not law, but is required
3. Generator's Name and Mailing Address MPQNETROL	
5300 BELMONT KU, DOWNERS GROVE, IL	
4. Generator's Phone (3/2) 969-4000 (005/5)  5. Transporter 1 Company Name  6. US EPA ID Number	013/1/2/3/3
BUTTEN Transfer Company ILDOOR 871 782 MBIZERIA	un chier I
7. Transporter 2 Company Name 3 S. US EPA ID Number 4 September 4	1
9. Designated Facility Name and Site Address 10. US EPA ID Number	7
SAFETY-KIEEN 633 E. 138 th St.	2.649.60
ILD9806313913 33121 849-42	50
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers 13. Total Unit Quantity Mt/Vol	Augusta Z
& R.Q. Waste 1.1.1- TRICHLOROETHANE DOS OBJUST	X 6.01
ORM-A LIQUID Phase, FOOL, UN283007DM DOBOOL	
RO. WOSTE TRICHLOROETHYLENE 009 00405	XHONT
1 ORM-A, LIQUID Phase, UNITIO, FOOI 010 DM 094501	00/1/02
o Waste Freah-Tms Fool	XFOOT
ORM-E, LIQUID PLASE, N.O.S., NR-9189 0.01 DM 0.005,01	ONAGZ
	XEART
K. Handling Codes for Wastes Listed Above  In Item #14	A CONTRACTOR OF THE PARTY OF TH
1 = Gallons 2 = C	ibic Yards
15. Special Handling Instructions and Additional Information	
IF ANY OF THE MATTERIAL IN SEC, 11-a, borc is undelive	700
RETURN TO THE GENERATOR 04520	100
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.	
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have deconomically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste gener	the present and
the best waste management method that is available to me and that I can afford.	Date onth Day Year
LOREN DATA LOVER Nata	82389
T 17. Transporter 1 Acknowledgement of Receipt of Materials  R Printed/Typed Name / Signature / M	Date onth Day Year
Signature Signat	82389
18. Transporter 2 Acknowledgement of Receipt of Materials	Date Day Year
E R	onth Day Year
19 Discrepancy Indication Space, Connected Contrained # and total quantity per last and	repen
	′
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.	Date
	onth Day Year
This Agency is authorized to require, pursuant to Ninois Revised Statutes, Chapter 111% Section 21, that this information be submitted to the Agency Failure to provide the information may result in a civil pen or operator of not to exceed \$25,000 per day of violation Failstification of this information may result in a line-up to \$50,000 per day of violation and imprisonment up to \$50 years. This form has been approved by the Center.	alty against the owner the Forms Management

STATE OF ILLINOIS

73	TAIL OF ILLINOIS	276 , SPRINGFIE	ELD, ILLINOIS 62794	-9276 (	(217) 782-6	761		OR SHIPME		AZARDOUS	S, INFECTIO
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_	Transporter 1 Company Name	6.	US EPA ID	Number		(2) (					
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Ë	Printed/Typed Name		Signature				_			Month	
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20	O. Facility Owner or Operator: Certification o  Printed/Typed Name  Oc.	receipt of hazardous	Signature 7	by this	manifest e		is rated	in item	19.	Month	ate Nav V
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the best waste management method that is available to me and that I can a	afford.	Date
Printed/Typed Name	Signature /	Month Day Yea
LOREN DATA	Joseph Majo Manda	06/87
17. Transporter 1 Acknowledgement of Receipt of Materials	0 0 0 1	Date
Printed/Typed Name	Signature	Month Day Yea
Printed/Typed Name ANIO C. ROBERTSON	Whin h. la tailson	0611891
18. Transporter 2 Acknowledgement of Receipt of Materials		Date
Printed/Typed Name	Signature	"Month Day" Yes

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this ார்ம்: Signature Printed/Typed Name

Discrepancy) Indication Space

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	MAGNETCEL  BBCC BELLOCAT  DOWNETS GTOVE  4 Generator's Phone ( 702 / 1969-4000)  5 Lensporter 1 Company Name  WELL LANSFEL  Transporter 1 Company Name	6. TLD US EPA ID Number 82 5 US EPA ID Number	C. Illinois Transporter's ID D 708 + 744 -3844	10,3,0,0,0,0,0 11,4,6 Transporter's Phone
	SAFETY KLEEN  (033 E 138 + h. S+,  DOITON; ILL  11 US DOT Description (Including Proper Shipping Name, H.  a. R. Q. HAZARDOLS WASTE I.  HANC, LIQUID; ORM-A: LIR  ERG# 74 EMERGENCY RESPO	1.1. TRIGHICTOR-	C flades  (D   Q 3, 1  H Facility's Phone  (7c2) 849 - 4  Intumers to 1  Type Quantity We	Transporter's Phone  C. 6. 9. 0. 0. 0.  1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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	J. Additional Descriptions for Materials Listed Above 1.1.1. From degreasing proces & water based coolants.		K. Handling Codes for Waln Item # 14  1 = Gallons 2	= Cubic Yards
	15. Special Handling Instructions and Additional Information  16. GENERATOR'S CERTIFICATION: I hereby declare that the content proper shipping name and are classified, packed, marked, and label according to applicable international and national government regul if I am a large quantity generator, I certify that I have a program if economically practicable and that I have selected the practicable future threat to human health and the environment; OR, if I am a sithe best waste management method that is available to me and that Printed/Typed Name  LOREN DRTA	eled, and are in all respects in proper condition lations. in place to reduce the volume and toxicity of method of treatment, storage, or disposal cu small quantity generator, I have made a good	31299192 y described above by of for transport by highway waste generated to the degree I prently available to me which min	have determined to be imizes the present and
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name	Signature Signature	Wan	Date  Month Day Ye  O 8 3 0 9  Date  Month Day Ye

20. Facility Owner or Operator: Certification of receipt of hazardous materials of

FACILITY

Printed/Typed Name

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3 Generator's Name and Mailing Address	Location If Different Allfinois Manifest Document Number
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J. Additional Descriptions for Materials L	isted Above		K. Handling Codes for	r Wastes Listed Above
J. Additional Descriptions for Materials L	Listed Above AISO CALLED FF	REON TIMES	In Item # 14	
used in the board Cle	eaning Process.	REON TMS		
J. Additional Descriptions for Materials L USED in P.C. Band Cle May have traces of	eaning Process.	REON TIMS	In Item # 14	
used in the board Cle	eaning Process.	REON TIMS	In Item # 14  1 = Gallons	2 = Cubic Yard
used in the board Cle	fluxs products.	REON TIMES	In Item # 14	2 = Cubic Yard
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Printed Typed Name

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 FOR SHIPMENT OF HAZARDOUS P.O. BOX 19276 AND SPECIAL WASTE State Form LPC 62 8/81 LEASE TYPE EPA Form 8700-22 (Rev. 6-89) (Form designed for use on elite (12-pitch) typewriter Form Approved. OMB No. 2050-0039, Expires 9-30-94 Manifest 2. Page 1 Information in the shaded areas is not required by Federal law, but is required by Illinois law. **UNIFORM HAZARDOUS** 1. Generator's US EPA ID No. Document No. 45163 WASTE MANIFEST ILD089824684 Location If Different 3. Generator's Name and Mailing Address Magnetrol International 5300 Belmont Road, Downers Grove, IL 60515 4. \*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\* (708)969-4000 5. Transporter 1 Company Name **ÚS EPA ID Number** IND985092600 CES Recovery Systems 7. Transporter 2 Company Name 8 US EPA ID Number OZINGAS TRANSPORTATION SYSTEMS 1LD 982067175 9. Designated Facility Name and Site Address L.W.D., Inc Hwy 1523, P.O. Box 327 KYD088438817 1502 395-83 Calvert City, KY 42029 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers Total Туре No. Quantity G RQ, Waste flammable liquid, N.O.S. Ε (perchlorethylene) 3, UN1993, F001, D001, pgIII N M00055 E b. R Т 0 217 / 782-7860 and the National Response Center at d. J. Additional Description for Materials Listed Above 15. Special Handling Instructions and Additional Information If undeliverable, return to generator. Emergency number (708) 969-4000 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Date Month Day AMESM. JAN; 0605 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Nted/Typed Nam 0605 18. Transporter 2. Acknowledgement of Receipt of Materials Printed/Typed Wame Month Day 19. Discrepancy Indication Space

or 202 / 426-2675

Date

Month Day

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

#### STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND FOLLOTION CL. 1.1.

State Form LPC 62 8/81

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

JL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved OMB No. 2050-0039, Expires 9-30-94 information in the shaded areas is not required by Federal Livi but sireduced by Manifest 1. Generator's US EPA ID No. **UNIFORM HAZARDOUS** WASTE MANIFEST Illinois law. 0559 A. Illinois Manifest Document Number 3. Generator's Name and Mailing Address

Magnetrol Int' 1 Location If Different FEE PAID IF APPLICABLE 5300 Belmont Road B. Illinois Doubers Grove, IL 60515 4. \*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\* (708) 969-4800 Generator's <u>10 14:13 14:13 14 16:14 14:14 1</u> ID. US EPA ID Number C. Illinois Transporter's ID 5. Transporter 1 Company Name D.788 ) 460-9560 Transporter's Phone E N D 9 8 5 0 9 2 6 0 0 CBS Recovery Systems US EPA ID Number E. Illinois Transporter's ID 7. Transporter 2 Company Name F. ( Transporter's Phone G. Illinois 9. Designated Facility Name and Site Address 10. US EPA ID Number Facility's. ID L.W.D., Inc. Bey 1523 P.O. Box 327 H. Facility's Phone X X D O 8 8 4 3 8 8 1 7 562 396-9221 Calvert City, XI 42029 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers Total Unit Waste No. Туре Quantity No. Wt/Vol X,D,0,0,1 ÑQ, Waste Flammable Liquids, N.O.S., 3, UN1993, PGIII Ε (D001) N 1020 M 100 1 10 E NQ, Mazardous Waste Liquid, W.O.S., 9, MA3082, MGIII (FO02) A O NO, Mazardous Weste Liquid, N.O.S., 9, NA3082, PGIII (FOOI) OO.(bm)NO, Whate Flammable Liquid, N.O.S., 3, UN1993, PGI (DOOL DO35, FOOS) 05,5 O. (b.  $\mathbf{M}$ Additional Description for Materials Listed Above K. Handling Codes for Wastes Listed Above In Item #14 G = Gallons Y = Cubic Yards 15. Special Handling Instructions and Additional Information It material in 1) Solder Flux Soni Kleen SK 300 Forane 1418 Tolue 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator. I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Date Month Day Year Printed/Typed Name  $\mathcal{U}_{\mathcal{C}}$ JAMES JANI 16 17. Transporter 1 Acknowledbement of Receipt of Materials Date Printed/Typed Name hatu Day Year err. 7/6 18. Transporter 2 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name Signature 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Month Day Printed/Typed Name Signature H0655 This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty squarest the owner or operator not to exceed \$25,000 per day of violation. Faisification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

MAILED 1/3//02

### DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT July 1 through December 31, 2001

Company: MAGNETROL INTERNATIONAL Location: 5300 Belmont Downers Grove, IL 60515 This Report was completed by: JAMES M. JANI Title: Stocksoon Supervisor / Environmental Phone: 630-969-4000 ext 366 Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District. (Please attach additional sheets) If no discharges occurred during the reporting period, please indicate that by checking the certification statement below: ♦ ✓ Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District. The report must be signed by an authorized agent of the company named above: Authorized Agent: JAMES M. JAWI Title: Stock ROOM SUPREMISOR/
(Please type or print name) FNVIROMMENTAL COORDINATER Signature: Tapus M Jan Date: 1/31/02

# DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT January 1 through June 30, 2001

Company: MAGNETROL INTERNATIONAL
Location: 5300 Belmont Downers Grove, IL 60515
This Report was completed by: JAMES M. JANI
Title: ENVIRONMENTAL COODINATOR Phone: 630-969-400 ext 36
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.
(Please attach additional sheets)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.
The report must be signed by an authorized agent of the company named above:
Authorized Agent: James M. Jan. Title: Environments Concornators (Please type or print name)
Signature: 1/24/01 Date: 7/24/01

### DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT July 1 through December 31, 1998

Company: MAGNETROL INTERNATIONAL
Location: 5300 Belmont Downers Grove, IL 60515
This Report was completed by: James M. Jani
Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4600 ext 366
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.
(Please attach additional sheets)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.
The report must be signed by an authorized agent of the company named above:
Authorized Agent: James M. Jaw. Title: Environment of Corponator (Please type or print name)
Signature: Date: 1/18/99

### 1 MAILED 7/25/00

# DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT January 1 through June 30, 2000

Company: MAGNETROL INTERNATIONAL
Location: 5300 Belmont Downers Grove, IL 60515
This Report was completed by:   JAMES M. JANI  This Report was completed by:
Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000 est 366
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.
(Please attach additional sheets)
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The report must be signed by an authorized agent of the company named above:
Authorized Agent: JAMES M JAN; Title: ENVIRONMENTAL COCKO NATUR  (Please type or print name)
Signature: Tame m Pari Date: 7/25/00

Marled 1/17/00

### DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT July 1 through December 31, 1999

Company: MAGNETROL INTERNATIONAL
Location: 5300 Belmont Downers Grove, IL 60515
This Report was completed by: JAMES M. JAN;  Title: Stockhoom Suprevisor / Environmental Counting from Phone: 630-969-4000 ext366
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.
(Please attach additional sheets)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:
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The report must be signed by an authorized agent of the company named above:
Authorized Agent: James M. Jawi Title: Stockaron Greevison Ferriconimontal (Please type or print name)
Signature: Date: 1/17/00

BOARD OF TRUSTEES
Donald E. Eckmann
President
Wallace D. Van Buren
Vice-President
David J. Morrill
Clerk

### Downers Grove Sanitary District

2710 Curtiss Street P.O. Box 1412 Downers Grove, IL 60515-0703 Phone: 630-969-0664 Fax: 630-969-0827 STAFF

Lawrence C. Cox General Manager

Ralph E. Smith, Jr. Operations Director

Sheila K. Henschel Administrative Services Director

**LEGAL COUNSEL** 

Michael C. Wiedel

Providing a Better Environment for South Central DuPage County

### COMMERCIAL-INDUSTRIAL USER WASTEWATER SURVEY 2000

COMPANY NAME: MAGNETROL INTERNATIONAL INCORPORATED
ADDRESS: 5300 BELMONT ROAD, DOWNERS GROVE, IL 60515
CORPORATE ADDRESS (if applicable):
<del></del>
NAME OF CONTACT PERSON: JAMES JANI
TITLE: STOCKROOM SUPERVISOR/; PHONE NUMBER: (630) 969-4000  ENVIRONMENTAL COORDINATOR SECTION I: GENERAL INFORMATION
1. Please provide a brief narrative description of the commercial activities being carried out at the facility named above:  MANUFACTURE OF LEYEL AND FLOW INSTRUMENTATION
2. List the Standard Industrial Classification Codes (SIC) which apply to your facility:
•

3. Please check all the ap	propriate business oper	ations that a	pply:		
<u></u>					
Office	☐ Printing/Engraving	Wareho	<del></del>		
Retail Store	☐ Medical Office ☐ Packaging				
Restaurant/Cafeteria	☐ Computer Center ☐ Assembly				
	X Manufacturing	☐ Fabrica	ting		
☐ Testing Laboratory	☐ Photo Processing	Auto Re	epair		
☐ Truck Repair	☐ Body Shop	Car Wa	sh		
Appliance Repair	Equipment Repair	Laundr	<b>y</b>		
□ Dry Cleaning	☐ Industrial Laundry	Metal P	lating-Finishing		
<ul><li>Other (please describe)</li><li>4. Hours of Operation:</li></ul>			- <del></del>		
Monday through Frid	day From 11:00 (SUNDA	P.M. to 5:30 Y)	P.M.		
Saturday	From <u>6:00</u> A	.M. to 12:00	P.M.		
Sunday	From CLOSED	to			
5. Does this facility have a of shut down?	a seasonal variation to v	vork schedul	e or a period		
·· Yes 🗓 No 🗌 If yes	, please describe: SHUTD (DEC	<u>OWN XMAS DAY</u> EMBER 25 THR	THROUGH NEW YEARS DA		
SECTION II WATER USAG	*		•		
Please indicate the sou is measured or estimate	rce(s) used for water. C	heck whethe	er the amount		
Source Num	ber of Connections	Metered	Estimated		
Municipal(	ONE	[x]			
Private Well					
Other (please describe)	Other (please describe)				
2. Please name the city the DOWNERS GROVE, IL	at is the source of the w	ater supply.	, `. 		

3. How is water apply:	used within your facility? Please check all the uses that
☐ Sanitar☐ Laundr☐ Process the☐ Cooling☐ Cooling☐ Boiler F☐ Air Con☐ Clean-L☐ Landsc	rold-cleaning office and shop areas y uses, toilets, sinks and showers y s Uses, as part of product or used in manufacture of product y Water-Direct Contact y Water-Indirect Contact Feed
	rerage water usage for this facility? 154 CUBIC FEET/MONTH if the reported amount is daily, weekly, monthly or annual (BASED ON A TWELVE MONTH AVERAGE- 08/24/99 THRU 08/21/00)
service opera corresponds including suc cooling water equipment. (V	verage volume of water used in manufacturing and/or tions at your facility? Please describe the process that to the water flow values. Include all process water uses h items as film processing, non-contact and contact, rinse water and any cleaning of the process areas and/or Vater used for sanitary purposes such as toilets, sinks, should not be included.)
Process 1 Name	: NQNE
Describe the use	: Volume:
Process 2 Name	e
	: Volume:

Moules 7/15

# DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT January 1 through June 30, 1999

Company: MAGNETROL INTERNATIONAL
Location: 5300 Belmont Downers Grove, IL 60515
This Report was completed by: JAMES M. JANI  Title: ENVIRONMENTAL GORDINATOR Phone: 630-969-4000 est 366
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.
(Please attach additional sheets)  If no discharges occurred during the reporting period, please indicate that by checking the
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.
The report must be signed by an authorized agent of the company named above:
Authorized Agent: Tames M. Janz Title: Envisorment of Government (Please type or print name)
Signature: 12mm M Jan Date: 7/10/99

# DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT July 1 through December 31, 2000

Company: MAGNETROL INTERNATIONAL
Location: 5300 Belmont Downers Grove, IL 60515
This Report was completed by: JAMES M. JANT
Title: ENVIRONMENTAL COORDINATER Phone: 630-969-4000
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.
(Please attach additional sheets)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.
The report must be signed by an authorized agent of the company named above:
Authorized Agent: JAMES M. JANZ Title: ENVIRONMENTAL CORP. ATO (Please type or print name)
Signature: James m Jan' Date: 1/29/01

MAILED 7/15/98

## DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT January 1 through June 30, 1998

Company: MAGNETROL INTERNATIONAL
Location: 5300 Belmont Downers Grove, IL 60515
This Report was completed by: JAMES JANI
Title: ENVIRONMENTAL CORDINATUR Phone: 630-969-4000
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District.
(please attach additional sheets)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below:
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District.
The report must be signed by an authorized agent of the company named above:
Authorized Agent: James Jaw.  (Please type or print name)  Title: Environmental Coursements
Signature: 1/15/98' Date: 1/15/98'

#### DOWNERS GROVE SANITARY DISTRICT PROHIBITED MATERIALS DISCHARGE REPORT July 1 through December 31, 1997

Market 1/26/98

Company: MAGNETROL INTERNATIONAL Location: 5300 Belmont Downers Grove, IL 60515 This Report was completed by: JAMES M. JANI Title: ENVIRONMENTAL COCRDINATOR Phone: 630 969-4000 Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time and type of materials discharged; the amount; who was notified at the time; how the spill was contained and cleaned up; and the method of disposal for the spilled materials. Please reference any reports filed with the District. (please attach additional sheets) If no discharges occurred during the reporting period, please indicate that by checking the certification statement below: V Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental discharge reporting requirements, I certify that to the best of my knowledge and belief, no prohibited materials have been dumped or spilled into the wastewaters since filing the last Prohibited Materials Discharge Report. I further certify that this facility is implementing the Spill Containment and Control Plan submitted to the District. The report must be signed by an authorized agent of the company named above: Authorized Agent: James M. Jaw, Title: ENVIRONMENT COOLDWITTER (Please type or print name) Signature: 1/26/98 Date: 1/26/98

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1 through June 30, 1997

Company Name: _	MAGNETROL INTERNATIONAL
Address: _	5300 BELMONT Rd
Ţ	DOWNERS GROVE, IL 60515
Report Complete	d By: JAMES M. JANÍ
	MENTAL COORDINATER Phone: 630.969-4000 UKT 366
discharge to material disch notified of the	occurrence of any discharges of materials prohibited from the sanitary sewer system. Include the date, time type of larged, the volume and concentration; what authorities were de discharge; what actions were taken to control and clean up and what actions were taken to prevent a reoccurrence.
***************************************	
	(Please attach additional sheets)
	rges occurred during the reporting period, please indicate ag the certification statement below.
responsi disposal of my kr dumped d "Prohibi that thi	Based on my inquiry of the person or persons directly ble for managing compliance with the accidental spill and reporting requirements, I certify that to the best nowledge and belief, no solvents or toxics have been or spilled into the wastewaters since filing the last ited Materials Discharge Report". I further certify is facility is implementing the Spill containment, or management plan, submitted to the Downers Grove Sanitary to
above:	nust be signed by an Authorized Agent of the company named
Name of Authors	ized Agent: James M. Jani
	(Please type or print name)
Title: ENVIRON	mental Coorpination Date: 7/17/97

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 through December 31, 1996

MAGNETROL INTERNATIONAL

Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.  (Please attach additional sheets)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filling the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.	Company Name: MAGNETROL INTERNATIONAL
Report Completed By: JAMES JANI  Title: ENVIRONMENTAL COORDINATOR Phone: 630-969-4000 ext. 366  Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.  All reports must be signed by an Authorized Agent of the company named above:  Name of Authorized Agent: JAMES JANI  (Please type or print name)	Address:5300 BELMONT ROAD
Title: ENVIRONMENTAL COORDINATOR  Phone: 630-969-4000 ext. 366  Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.  (Please attach additional sheets)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  \[ \frac{x}{x} \]  Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filling the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.  All reports must be signed by an Authorized Agent of the company named above:  Name of Authorized Agent: JAMES JANI  (Please type or print name)	DOWNERS GROVE, IL 60515
Title: ENVIRONMENTAL COORDINATOR  Phone: 630-969-4000 ext. 366  Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.  (Please attach additional sheets)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  \[ \frac{x}{x} \]  Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filling the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.  All reports must be signed by an Authorized Agent of the company named above:  Name of Authorized Agent: JAMES JANI  (Please type or print name)	Report Completed By: JAMES JANI
discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.  (Please attach additional sheets)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  \[ \frac{\chi}{2} \]  Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.  All reports must be signed by an Authorized Agent of the company named above:  Name of Authorized Agent: JAMES JANI  (Please type or print name)	630-969-4000 ext. 366
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  \[ \frac{\text{X}}{\text{Passed}} \]  \[ \frac{\text{Based}}{\text{responsible}} \]  \[ \text{for managing compliance with the accidental spill} \]  \[ \text{disposal and reporting requirements, I certify that to the best} \]  \[ \text{of my knowledge and belief, no solvents or toxics have been} \]  \[ \text{dumped or spilled into the wastewaters since filing the last} \]  \[ \text{"Prohibited Materials Discharge Report". I further certify} \]  \[ \text{that this facility is implementing the Spill containment, or} \]  \[ \text{solvent management plan, submitted to the Downers Grove Sanitary} \]  \[ \text{District.} \]  All reports must be signed by an Authorized Agent of the company named above:  \[ \text{Name of Authorized Agent: JAMES JANI} \]  \[ \text{(Please type or print name)} \]  Signature: \[ \text{Apple Agent: JAMES JANI} \]  \[ \text{(Please type or print name)} \]	discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up
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That by checking the certification statement below.  X Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.  All reports must be signed by an Authorized Agent of the company named above:  Name of Authorized Agent: JAMES JANI  (Please type or print name)  Signature: Agent of the company named above:	
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Name of Authorized Agent: JAMES JANI  (Please type or print name)  Signature:   On 07	responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary
Signature: (Please type or print name)	
01.00.07	(Please type or print name)
	01.00.07

Marked / a/ab

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 through December 31, 1995

Company Name:	MAGNETROL INTERNATIONAL, INC.
Address:	5300 BELMONT ROAD
	DOWNERS GROVE, IL 60515
Report Complet	ed By: James Janz
	NMENTAL COORDINATION Phone: 708-969-4000
discharge to material discinctified of t	occurrence of any discharges of materials prohibited fro the sanitary sewer system. Include the date, time type on narged, the volume and concentration; what authorities were discharge; what actions were taken to control and clean used what actions were taken to prevent a reoccurrence.
	(Please attach additional sheets)
response disposa of my keedumped "Prohibe that the	rges occurred during the reporting period, please indicating the certification statement below.  Based on my inquiry of the person or persons directly able for managing compliance with the accidental spill and reporting requirements, I certify that to the best nowledge and belief, no solvents or toxics have been or spilled into the wastewaters since filing the last atted Materials Discharge Report". I further certify is facility is implementing the Spill containment, or management plan, submitted to the Downers Grove Sanitary
above:	nust be signed by an Authorized Agent of the company name
Name of Author	ized Agent: James M. Jau;
	(Please type or print name)  Telmo M Tani
Title: ENVIRON	MENTAL COORDINATOR DATE: 1/9/96

March 7/17/96

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1 through June 30, 1996

Company Name:	MAGNETROL INTERNATIONAL
Address:	5300 BELMONT ROAD
	DOWNERS GROVE, IL 60515
Report Complet	ed By: James Janz
	NMENTAL COORDINATER Phone: 708-969-4000
discharge to material disc notified of t	occurrence of any discharges of materials prohibited from the sanitary sewer system. Include the date, time type of charged, the volume and concentration; what authorities were the discharge; what actions were taken to control and clean up and what actions were taken to prevent a reoccurrence.
	(Please attach additional sheets) arges occurred during the reporting period, please indicate
response dispose of my language dispose dispos	Based on my inquiry of the person or persons directly sible for managing compliance with the accidental spill al and reporting requirements, I certify that to the best knowledge and belief, no solvents or toxics have been or spilled into the wastewaters since filing the last pited Materials Discharge Report". I further certify his facility is implementing the Spill containment, or to management plan, submitted to the Downers Grove Sanitary et.
above:	must be signed by an Authorized Agent of the company named
Signature:	ONMENTAL COORDINATOR  JAMES M. JANI  (Please type or print name)  Date: 7/17/96
Title: ENVIR	ONMENTAL COORDINATOR Date: 7/17/96

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1 through June 30, 1995

Company Name:	MAGNETROL INT. INC.
Address	5300 BELMONT ROAD
	DOWNERS GROVE, IL
Report Complete	ed By: JAMES JANI
	IMENTAL COORDINATOR Phone: 708-916- 4000
discharge to material disc notified of the	occurrence of any discharges of materials prohibited is the sanitary sewer system. Include the date, time type of harged, the volume and concentration; what authorities were the discharge; what actions were taken to control and clean of and what actions were taken to prevent a reoccurrence.
1	
The second secon	
	(Please attach additional sheets)
response disposa of my kee dumped of "Prohibe that the solvent Distriction All reports above:	rges occurred during the reporting period, please indicate ing the certification statement below.  Based on my inquiry of the person or persons directly ible for managing compliance with the accidental spill and reporting requirements, I certify that to the best nowledge and belief, no solvents or toxics have been or spilled into the wastewaters since filing the last ited Materials Discharge Report". I further certify is facility is implementing the Spill containment, or management plan, submitted to the Downers Grove Sanitary to the signed by an Authorized Agent of the company named ized Agent:  [AMES ] TANI
Name of Author	ized Agent:AMES ANI (Please type or print name)
<b>Signa</b> ture:	Tames m Ari
	NMENTAL COROMATER Date: 7/5/95

# Maylet 1/16/6/6

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 through December 31, 1994

Company Name: ITIMUNETROC IN C. INC.
Address: 5300 Belmont Rono
DOWNERS GROVE, IL
Report Completed By: JAMES JANI
Title: Environmental Coordinator Phone: 969-4000
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.
(Please attach additional sheets)
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All reports must be signed by an Authorized Agent of the company named above:
Name of Authorized Agent: JAMES JAWI
(Please type or print name)
Signature: I dome M Pari Title: Epseronments Coordinator Date: 1/11/95
Title: Chronoments Coordinator Date: 1/11/95

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1 through June 30, 1994

Company Name: MAGNETROL INT INC
Address: 5300 BELMONT ROAD
DOWNERS GROVE IL
Report Completed By: LOREN DATA
Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.
(Please attach additional sheets)
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All reports must be signed by an Authorized Agent of the company named above:
Name of Authorized Agent: LOREN DATA
Signature: Signature: Signature:
Title: Emissonmental Condination Date: 7/12/94

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 through December 31, 1993

Company Name: MAGNETROL INT INC.
Address: 5300 BELMONT RD
DOWNERS GROVE, IL. 60515
Report Completed By: Jour Doll
Title: Carnoumental Coordinater Phone: 969-4000 (295)
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.
·
(Please attach additional sheets)
(Please attach additional sheets)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
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### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1 through June 30, 1993

Company Name: Magnetrol
Address: 5300 Belmont Avenue
Downers Grove, IL 60515
Report Completed By: LOREN DATA
Title: Environmental Coordinator Phone: 708-969-4000
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.
(Please attach additional sheets)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary
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Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.  All reports must be signed by an Authorized Agent of the company named above:

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 through December 31, 1992

Company Name: MACHETROL INT. INC
Address: 5300 BELMONT RD
DOWNERS GROVE, IL
Report Completed By: LOREN DATA
Itle: EIVIRONIMENTAL COORDINATOR Phone: 767-4000
Describe the occurrence of any discharges of materials prohibited from lischarge to the sanitary sewer system. Include the date, time type of naterial discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.
_
(Please attach additional sheets)
f no discharges occurred during the reporting period, please indicate hat by checking the certification statement below.
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.
Il reports must be signed by an Authorized Agent of the company named bove:
lame of Authorized Agent: LOKEN Vata
ignature: ( ACTA DATA (Please type or print name)
itle: Invisames untol Coordinates Date: 1/18/1

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1 Through June 30, 1992

Company Name: MAGNETROL INT INC.
Address: 5300 BELMONT RD.
DOWNERS GROVE, IL
Report Completed By: LOREN DATA
Title: ENVITONMENTAL COORDINATOR Phone: 969-4000
Describe the occurrence of any discharges of materials prohibited from discharge to the sanitary sewer system. Include the date, time type of material discharged, the volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a reoccurrence.
(Please attach additional sheets)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill containment, or solvent management plan, submitted to the Downers Grove Sanitary District.
All reports must be signed by an Authorized Agent of the company named above:
Name of Authorized Agent: LOREN DATA  (Please type or print name)  Signature: Loren Lata
Title: Environmental Coordinates Date: 7/13/92



Magnetrol 5300 Belmont Road Downers Grove, IL 60515-4499 (708) 969-4000 • Telex 253085 Fax (708) 969-9489

Downers Grove Sanitary Dist. 2710 Curtiss Street P.O. Box 1412 Downers Grove, II. 60515

Attn: Janet M. Lacina

Dear Janet:

As of June of this year Magnetrol has eliminated the use of Freon from our production process. We are Freon clean.

Sincerely,

Loren Data

Stockroom Supervisor/Environmental Coordinator

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 Through December 31, 1991

Company	Name: _	MAG	WETROL	INT.	INC.				
Ad	ldress: _	530	O BELL	TUON	A√,	<u> </u>			
		Do	WHERS	GROVE	<u> </u>		<del></del>		<del></del>
Report	Complete	d By: L	OREN DA	πA					
		menTAL (				Phone: _	969-40	DOC EX	. 295
dischar materia notifie	ge to the discha	currence e sanitan rged, the discharg nd what a	ry sewer e volume ge; what	system and co action	. Incluncentrates were t	de the dion; who	late, ti at autho control	me type rities and cl	of were
Approx	cinatel	4 15 gal	lows of	water	a wee	k, used	to dil	ute the	
Film de	veloper	produc	ts that	_ LSW	ain fro	om a s	ilver r	ecover	לאול.
		develop							
Magnet	rol No le	onger us	es Tricl	hloroet	tyleve	or 1.1.	1. Trich	loroeth	ane
in any	degreasi	Ng Oper	ations.						
		J							
		(P)	lease att	ach ad	ditional	sheets)			
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All rep above:	orts mus	t be sign	ned by an	Autho	rized Ag	ent of t	the comp	any namo	∌d
		zed Agent				type or	print n	ame)	
Title:	Emiro	rus le nomental	Coord	inator	,	Date	ı:	1/10/92	

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1, Through June 30, 1991

Company Name: MAGNETROL INT. INC.
Address: 5300 BELMONT AV.
DOWNERS GROVE
Report Completed by: LOREN DATA
Title: ENVIRONMENTEL COORDINATOR Phone: 969-4000 Ext. 295
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.
(Please attach additional pages)
(Please attach additional pages)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."
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BOARD OF TRUSTEES
Hugh A. Williams, Jr.
President
Herbert R. Reich
Vice-President
Donald E. Eckmann
Clerk



2710 Curtiss Street P.O. Box 1412 Downers Grove, IL 60515-0703 708-969-0664

Providing a Better Environment for South Central
DuPage County
July 2, 1991

JANET TO TEST, WATER.

12/19 O.K. PER Janet.

Verbal, over the

Phone only.

STAFF

Director

LEGAL COUNSEL

Lawrence C. Cox

Ralph E. Smith, Jr.

Sheila K. Henschel

Administrative Services

Michael C. Wiedel

General Manager

Operations Director

Loren Data Emergency Coordinator Magnetrol International 5300 Belmont Road Downers Grove, IL 60515

Dear Mr. Data:

Your facility is included in the Downers Grove Sanitary District's solvent and toxic materials management program, the purpose of which is to prevent the accidental or deliberate discharge of toxic material into the sanitary sewer system and provide assistance in the event of a discharge. Because of the materials in use or storage at your facility you are required to report to the District twice yearly in January and July, filing reports for the previous six month period.

A prohibited materials discharge report form is enclosed for you to complete for the period of January 1 through June 30, 1991. For any discharges, please describe the incident fully, the volume and nature of the material involved, how the material was cleaned up and disposed of and who was notified of the situation. If no discharges occurred during the reporting period, you shall certify that by checking the certification statement.

This would also be an appropriate time to review your spill containment or solvent management plan on file and update it if any procedural changes have been made. If there have been any changes, please contact me so the plan on file with the District can be updated.

The enclosed report must be completed, signed and returned to the District by July 31, 1991. Please feel free to call me if you have any questions regarding these reporting requirements.

Sincerely, DOWNERS GROVE-SANITARY DISTRICT

Janet M. Lacina

Laboratory Services Director

Enclosure (E)

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1, Through December 31, 1990

Company Name: MAGNETROL INT. INC.
Address: 5300 BELMONT, RD
DOWNERS GROVE
Report Completed by: LOREN L. DATE
Title: ENVIRONMENTAL COORDINATOS Phone: 969-4000 EXT29
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.
(Please attach additional pages)
(Please attach additional pages)  If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
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#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1, Through December 31, 1989

Company Name: MAGNETROL INT INC.
Address: 5300 BELMONT Road
DOWNERS GROVE
Report Completed by: LOREN DATE
Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000 (Ext. 29)
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.
· · · · · · · · · · · · · · · · · · ·
(Please attach additional pages)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
"Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."
All reports must be signed by an Authorized Agent of the company named above:
Name of Authorized Agent: LOREN DATA
above:

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1, Through June 30, 1990

Company Name:
Address: 5300 BELMONT ROOD
DOWNERS GROVE, ILL
Report Completed by: LOREN DATA
Title: ENVIRONMENTAL COORDINATOR Phone: 969-4000
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.
(Please attach additional pages)
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If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.  "Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Spill Containment, or Solvent Management Plan, submitted to the Downers Grove Sanitary District."  All reports must be signed by an Authorized Agent of the company named above:

BOARD OF TRUSTEES

Hugh A. Williams, Jr.
President
Herbert R. Reich
Vice-President
Donald E. Eckmann
Clerk



2710 Curtiss Street P.O. Box 1412 Downers Grove, IL 60515-1412 1-312-969-0664

Providing a Better Environment for South Central DuPage County

January 11, 1989

Loren Data Emergency Coordinator Magnetrol International 5300 Belmont Road Downers Grove, IL 60515

Dear Mr. Data:

Your facility is included in the "Solvent Management" portion of the Downers Grove Sanitary District's Pretreatment Program because of the potential for discharge of materials which are prohibited from the sanitary sewer system.

Twice each year you are required to report to the District, summarizing the actions taken during and after any spills involving the prohibited materials. A Prohibited Materials Discharge Report Form is enclosed for you to complete for the period of July 1 through December 31, 1988. For any discharges, please describe the incident fully, the volume and nature of the material, how it was cleaned up and disposed of and who was notified. Also describe what actions have been taken to modify procedures to prevent a recurrence. If no discharges occurred during the reporting period, you may certify that by checking the certification statement.

This would also be an appropriate time to review the solvent management plan which was submitted to the District, and compare it to current procedures used in the handling, storing and disposal of prohibited materials. The District should be informed of any changes in writing so that the plan on file with the District can be updated.

The enclosed report must be completed, signed and returned to the Sanitary District by January 31, 1989. Please feel free to call me with any questions you may have regarding these reporting requirements.

Sincerely,

DOWNERS GROVE SANITARY DISTRICT

Janet M. Lacina

Laboratory Services Director .

Enclosure

RESPONDED ON SY

STAFF

Lawrence C. Cox General Manager

Raiph E. Smith, Jr. Operations Director

Sheila K. Henschel Administrative Services Director

LEGAL COUNSEL

Michael C. Wiedel

#### DOWNERS GROVE SANITARY DISTRICT Frohibited Materials Discharge Report January 1, Through June 30, 1989

Company Name: MAGNETROL INT. INC.
Address: 5300 BELMONT ROAD
DOWNERS GROVE, IL
Report Completed by: Soren Data
Title: ENVIRONMENTAL COORDINATOR From: 969-4000
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.
(Please attach additional pages)
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If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
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#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 through December 31, 1987

Company Name: MAGNETROL INTERNATIONAL
Address: 5300 BELMONT ROOD
DOWNERS GROVE
Report Completed by: LOREN DATA
Title: EMERGENCY COORDINATOR Phone: 312-969-4000
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.
(Please attach additional pages)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
"Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."
All reports must be signed by an Authorized Agent of the company named above:
Name of Authorized Agent: LOREN DATA
Signature: Lover Otto (Type or Frint)  Title: Emergency Coordinator Date: 1/11/88
Title: Emergency Coordinator Date: 1/11/88

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1, Through June 30, 1988

Company Name:	MAGNETROL	INT. INC.	
Address:	5300 BELM	ONT RD.	
	DOWNERS G	ROVE	
Report Completed	by: LOREN DA	Th.	
Title: ENVITORM	ental Coordina	Otor Phone:	969-4000 (295
Describe the occusanitary sewer sydischarged, its ynotified of the d	errence of any disclusions that was and concentrate the concentrate that was a second concentrate that we want that we want th	harges of prohibite date, time, type o ation; when and who ions were taken to	ed materials to the of material at authorities were control and clean up
	(Please at	tach additional page	ges)
	occurred during the		, please indicate
responsible for and reporting and belief, no wastewaters si Report". I fu	requirements, I center to solvents or toxical name filing the last	nce with the accidertify that to the base have been dumped to "Prohibited Mater this facility is in	ental spill disposal pest of my knowledge or spilled into the rials Discharge implementing the
All reports must above:	be signed by an Aut	thorized Agent of t	the company named
Name of Authorize	ed Agent:	EPH R FIEDLE	2
		(Type or Prin	nt)
Signature:	eases MGR.	· · · · · · · · · · · · · · · · · · ·	
Title:	PLALS MGK.	Date:	7/13/08

#### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report January 1 through June 30, 1987

Company Name:	MAGNETROL INTERNATIONAL INC.
Address:	5300 BELMONT ROAD
	DOWNERS GROVE, IL
Report Complet	ed by: LOREN DATA/ Low Rata
Title: EMERG	ENCY COORDINATOR Phone: 969-4000
sanitary sewer discharged, it notified of th	occurrence of any discharges of prohibited materials to the system. Include the date, time, type of material is volume and concentration; when and what authorities were see discharge; what actions were taken to control and clean up and what actions were taken to prevent a recurrence.
	•
	(Please attach additional pages)
	(Please attach additional pages) les occurred during the reporting period, please indicate ng the certification statement below.
"E responsible and reporti and belief, wastewaters Report". I	es occurred during the reporting period, please indicate
"E responsible and reporti and belief, wastewaters Report". I Solvent Man District."	les occurred during the reporting period, please indicate ng the certification statement below.  Rased on my inquiry of the person or persons directly for managing compliance with the accidental spill disposal ng requirements, I certify that to the best of my knowledge no solvents or toxics have been dumped or spilled into the since filing the last "Prohibited Materials Discharge further certify that this facility is implementing the
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"E responsible and reporti and belief, wastewaters Report". I Solvent Man District."  All reports mu above:  Name of Author	des occurred during the reporting period, please indicate ing the certification statement below.  It is a seed on my inquiry of the person or persons directly of for managing compliance with the accidental spill disposal ing requirements, I certify that to the best of my knowledge in no solvents or toxics have been dumped or spilled into the since filing the last "Prohibited Materials Discharge further certify that this facility is implementing the agement Plan submitted to The Downers Grove Sanitary is its be signed by an Authorized Agent of the company named its agent:    BOB BERGQUIST
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### DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report July 1 through December 31, 1986

Company Name: MASNETROL INTERNATIONAL INC.
Address: 5300 BELMONT RD
DOWNERS GROVE, TL 60515
Report Completed by: Longo L. Data
Title: EMERGENCY COORDINATOR Phone: 312-969-4000
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions were taken to prevent a recurrence.
(Please attach additional pages)
If no discharges occurred during the reporting period, please indicate that by checking the certification statement below.
"Based on my inquiry of the person or persons directly responsible for managing compliance with the accidental spill disposal and reporting requirements, I certify that to the best of my knowledge and belief, no solvents or toxics have been dumped or spilled into the wastewaters since filing the last "Prohibited Materials Discharge Report". I further certify that this facility is implementing the Solvent Management Plan submitted to The Downers Grove Sanitary District."
All reports must be signed by an Authorized Agent of the company named above:
Name of Authorized Agent: ROBERT G. BERGQUIST
(Type of Print)
Signature: Ko Dergunt
Title: Diet mft. Date: 1/12/87

## DOWNERS GROVE SANITARY DISTRICT Prohibited Materials Discharge Report

Reporting Period: January 1 through June 30, 1986

Company Name: MAGNETROL INTERNATIONAL INCORPORATED
Address: 5300 Belmont Road
Downers Grove, IL
Report completed by: LOREN L. DATA
Title: Emergency Coordinator Phone No. 969-4000
Describe the occurrence of any discharges of prohibited materials to the sanitary sewer system. Include the date, time, type of material discharged, its volume and concentration; when and what authorities were notified of the discharge; what actions were taken to control and clean up the material; and what actions have been taken to prevent a recurrence.
(please attach additional pages)
If no discharge occurred during the reporting period, please indicate that by checking the certification statement below.
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All reports must be signed by an Authorized Agent of the company named above:
Name of Authorized Agent: HARRY J. KLIMEK Date: Le/25/86  (Type or Print)
Signature: Hang Klime Title: Production Manys

## completed U.G.S.D. Report 112120 11 MILED

STAFE

Manager

Attorney

Lawrence C. Cox

Ralph E. Smith, Jr.

Sheila K. Henschel

Administrative Services Director **Douglas A. Slansky** 

Operations Director

BOARD OF TRUSTEES
Hugh A. Williams, Jr.
President

Roy W. Roush, Jr. Vice-President Herbert R. Reich Downers
Grove
Sanitary
District

2710 Curtiss Street, Downers Grove, IL 60515

Providing a Better Environment for South Central DuPage County December 27, 1985

Magnetrol International, Inc. 5300 Belmont
Downers Grove, IL 60515

Attn: Loren Data, Emergency Coordinator

Gentlemen:

Your facility is included in the "solvent management" portion of the Downers Grove Sanitary District's Pretreatment Program because of the potential for discharge of materials which are prohibited from the sanitary sewer system.

Semi-annually you are required to submit a report to the District summarizing what actions were taken during and after any discharge incidents involving prohibited materials. The report should include a description of what actions were taken to notify the District, and other authorities, how the material was cleaned up and disposed of, and most importantly, what has been done to revise your procedures or facilties to prevent a recurrence.

If no prohibited materials were discharged during the reporting period, you may certify that fact by checking the certification statement.

This would also be an appropriate time for you to review the solvent management plan which was submitted to the District, and compare it to current procedures. The District should be informed of any changes so that the plan on file can be updated.

The "Prohibited Materials Discharge Report" form which is enclosed should be completed, signed, and returned to the District office at the address above no later than January 31, 1986.

Please feel free to call me if you have any questions regarding the reporting requirements.

Sincerely,

DOWNERS GROVE SANITARY DISTRICT

fand The Lacin

Laboratory Services Director

JML/jad Enclosure



Magnetrol
5300 Belmont Road
Downers Grove, IL 60515-4499
(708) 969-4000 • Telex 253085
Fax (708) 969-9489

Janet M. Lacina Laboratory Services Director Downers Grove Sanitary District 2710 Curtiss Street, P.O. Box 1412 Downers Grove, Il. 60515

Dear Ms. Lacina:

Per are discussion on 4/10/90 I would like to update your department of the fact that Trichloroethylene is no longer used at Magnetrol. We considered it are greatest risk, both in the hazards of the product coupled with the volume stored. As you now are aware, are degreasing process is done with an alkaline base, water wash system. I will be following up this letter in a couple of weeks with a new chemical inventory currently used at Magnetrol.

Thank you for your assistance today and I hope the results will be favorable.

Sincerely, Lata

LD/1d

Loren L. Data Environmental Coordinator BOARD OF TRUSTEES

Donald E. Eckmann
President

Hugh A. Williams, Jr.
Vice-President

Herbert R. Reich
Clerk

## Downers Grove Sanitary District

2710 Curtiss Street P.O. Box 1412 Downers Grove, IL 60515-0703 Phone: 708-969-0664 Fax: 708-969-0827

Providing a Better Environment for South Central DuPage County SIAPT

Lawrence C. Cox General Manager

Raiph E. Smith, Jr. Operations Director

Sheila K. Henschell Administrative Services Director

LEGAL COUNSEL

Michael C. Wiedel

#### COMMERCIAL/INDUSTRIAL WASTEWATER SURVEY 1992

COMPANY NAME: MAGNE	TROL INT, INC.
DIVISION NAME (if applicat	ole):
ADDRESS: 5300 B	ELMONT RD.
CORPORATE ADDRESS (if app)	licable):
(II week	
NAME OF CONTACT PERSON:	LOREN DATA
TITLE:	ENVIRONMENTAL COORDINATOR
PHONE NUMBER:	969-4000
SECTION I GENERAL INFORMA	ATION
1. Please provide a brief service activities at	f narrative description of the manufacturing or your facility:
Manufacturer of -iqui	d Level Switchs. Store raw materials that are
•	and blast and painted. Hand assembly of
	rdsand all final products. Printing of
	and some film developing is also done on site.
	ustrial Classification Codes (SIC) which apply to
382	23

3.	Flease check all the appropriate business functions that apply:
	✓ Office space       ✓ Printing/Engraving       ✓ Warehouse         _ Retail Store       _ Medical Office       _ Packaging         _ Restaurant/Cafeteria       _ Computer Center       _ Assembly         _ Auto Repair       _ Wholesale/Distributor       _ Fabricating         _ Truck Repair       _ Photo Processing       _ Manufacturing         _ Laundry/Dry cleaner       _ Industrial Laundry       _ Laboratory         _ Auto Body Shop       _ Car Wash
4.	Hours of Operation
Shi:	Number of Employees Shift Start Work Days Per Shift ft Does Shift Exist Time Per Week Office Plant Total
1st	Yes / No (0:00 - 12. 51/2
2nd	Yes No_/
3rd	Yes_/ No
5.	Does your facility have seasonal or scheduled shut down periods?
	Yes _ No
	If yes, please explain: Shot down for 10 days at Christians.
	To relax and enjoy the season
6.	Are there any immediate (within one year) plans to change the products or services provided that would alter the information provided above?
	Yes No
	If yes, please explain:
SECT	TION II RAW MATERIALS
	ase check all of the following chemicals or groups of chemicals which used at your facility:
	Ammonia or Ammonia Compounds  Dyes or Coloring Agents  Oils (petroleum, vegetable or animal)  Cleaning Solvents Soluble Metals or Metal (salt)  Compounds  Acids Bases (Caustic Alkali) Solvents (other than for cleaning) Phenolic Compounds Radioactive Elements

ITEM CHEMICAL COMPOUND

43. Vinyl chloride

#### SECTION III PRIORITY POLLUTANT INFORMATION

1. The following list of chemicals includes the priority pollutants. If any of these elements or compounds are known to be present in your facility's operations or are a by-product, please indicate by checking the appropriate line.

ITEM CHEMICAL COMPOUND

\_\_\_\_ 80. 2-Chloronaphthalene

Metal	lic	Compounds	Base/	Neuti	ral Organic Compounds
:/	1.		Polyn	uclea	ar Aromatics
	2.				Acenaphthalene
	3.			45.	Acenaphthylene
7/	4.	Cadmium			Anthracene
-	5.	Chromium		47.	Benzo (a) anthracene
7	6.	Copper		48.	Benzo (b) fluoranthene
<del></del> // -	7.	Lead		49.	Benzo (k) fluoranthene
	8.	Mercury		50.	Benzo (a) pyrene
	9.	Nickel		51.	Benzo (g,h,i) perylene
	10.	Nickel			Chrysene
	11.	Silver			Dibenzo (a,h) anthracene
	11.	Thallium			Fluoranthene
					Fluorene
		Zinc			
volat	11e	Organic Compounds			Indeno (1,2,3-cd)-pyrene
		Acrolein			Naphthalene
<del></del>		Acrylonitrile			Phenanthrene
	16.				Pyrene
		Bromomethane			al Organic Compounds
		Bromodichloromethane			l Esters
		Bromoform			Bis(2-chloroethyl) ether
		Carbon tetrachloride			Bis(2-chloroethoxy)methane
	21,.	Chlorobenzene			Bis(2-ethylhexyl)phthalate
		Chloroethane		63.	Bis(2-chloroisopropyl)ether
	23.	2-Chloroethyl vinyl ether		64.	4-Bromopenyl phenyl ether
	24.	Chloroform		65.	Butyl benzyl phthalate
	25.	Chloromethane		66.	4-Chlorophenyl phenyl ether
	26.	Dibromochloroethane		67.	Diethylphthalate
		1,1-Dichloroethane		68.	Dimethylphthalate
	28.	1,2-Dichlorethane		69.	Dioctylphthalate
		1,1-Dichlorethene		70.	Di-n-butylphthalet
	30.	Trans-1,2-Dichloroethene		71.	Bis(2-chlorolsopropyl)ether 4-Bromopenyl phenyl ether Butyl benzyl phthalate 4-Chlorophenyl phenyl ether Diethylphthalate Dimethylphthalate Dioctylphthalate Di-n-butylphthalet Isophorone
	31.	1,2-Dichlorpropane	Base/	Neutr	ral Organic Compounds
	32.				Containing Compounds
	33.				Benzidene
	34.	Ethylbenzene		73.	2,4-Dinitrotoluene
<del></del>	35.	Methylene chloride		74.	2,6-Dinitrotoluene
	36.	1,1,2,2-Tetrachlorethane		75.	1,2-Diphenylhydrazine
	37.	Tetrachloroethane		76.	Nitrobenzene
	38.	1,1,1-Trichlorethane		77.	N-Nitrosodimethylamine
_ <u>-v</u> _	39.			78.	N-Nitrosodi-n-propylamine
<u>K_</u>	39. 40.	1,1,2-Trichlorethane Trichlorethene		79.	N-Nitrosodi-n-propylamine N-Nitrosodiphenylamine
		Trichlorethene Trichlorofluoromethane			al Organic Compounds
	41.	Tolueno			d Budmoonnhome

	ITEM	CHEMICAL COMPOUND		ITEM	CHEMICAL COMPOUND
Chlo	rinat	ed Compounds	Pest	cicide	Compounds
	81.	1,3-Dichlorbenzene		102.	Aldrin
	82.	1,4-Dichlorobenzene		103.	Alpha-BHC
	83,	1,2-Dichlorobenzene		104.	Beta-BHC
	84.	3,3'-Dichlorobenzene		105.	Gamma-BHC (Lindane)
	85.	Hexachlorobenzene		106.	Delta-BHC
	86.	Hexachlorobutadiene		107.	Chlordane
	87.	1,4-Dichlorobenzene 1,2-Dichlorobenzene 3,3'-Dichlorobenzene Hexachlorobenzene Hexachlorobutadiene Hexachlorocyclopentadiene		108.	4,4'-DDD
	88.	Hexachlorocyclopentadiene		109.	4,4'-DDE
	89.	2,3,7,8-tetrachloro-		110.	4,4'-DDT
		dibenzo-p-dioxin (TCDD)		111.	Dieldrin
	90.			112.	Endosulfan I
Acid	Organ	nic Compounds		113.	Endosulfan II
	0.1	4-Chloro-3-methyl phenol			Endosulfan sulfate
	92.	2-Chlorophenol			Endrin
	93.				Endrin aldehyde
	91. 92. 93. 94. 95. 96. 97.	· ·		117.	Heptachlor
	95.	2,4-Dinitrophenol			Heptachlor epoxide
	96.	2-Methyl-4,6-dinitrophenol		119.	Toxaphene
	97.	2-Nitrophenol		120.	PCB (any isomer)
	98.		Misc	ellane	
	9 <b>9</b> .	Pentachlorophenol		121.	Cyanide
<u></u>	100.			122.	Asbestos
	101.			123.	Phenols

2. For the chemicals checked as known to be present above, please list the chemical compound by the item number and describe the amount used at you facility and the amount lost to the sanitary sewer to the extent that it is known:

ITEM NUMBER	ANNUAL USAGE (Pounds/Year)	CALCULATED LOSS TO SEWER (Pounds/Year)
	500 STOCK, SOLID	<u> </u>
4	<u>iO</u> "	ð
105	500 "	Ø
7	250 " 1684 "	Ø Ø
8	939	
9	Rew 562 Stock Solid	Ø
10		
	78	<u> </u>
13	1 - 100 Stock	<u> </u>

### SECTION IV WATER USAGE INFORMATION

1.	Raw Water Source								
	Please indicate your source(s) for water. Check whether the source is metered or estimated:								
	SOURCE NUMBER OF CONNECTIONS METERED ESTIMATED								
	Municipal System								
	Private Well								
	Other								
2.	Please name the city, which is the source of any municipal water:								
3.	How is water used within your facility? (Please check all that apply.)								
4.	A. Sanitary Domestic  B. Food Service  C. Cooling Water (Direct contact)  D. Cooling Water (Non-contact)  E. Boiler Feed  F. Air Conditioning  G. Process Water  H. Plant Maintenance (Clean-Up)  I. Air Pollution Equipment  J. Landscape Watering  K. Other (Specify) Degrees flow for your facility?								
7.	Average daily process flow: 667 Co Ft. (8" line)								
SEC	TION V WASTE DISPOSAL AND PRETREATMENT INFORMATION								
1.	Briefly describe any processes in your facility where water is recycled:								
	Currently the water used for degreasing is sent out for								
	disposal. It is mixed with machine oils & cutting Fluids.								
	/ .								

	SEE - 4	
	the sanitary sewer?	d for wastewater before it is discharged
	Yes No _	<u> </u>
	If yes, please check the preas are appropriate:	etreatment process or device (check as man
	Sump Septic Tank Grease Trap Triple Trap Grit Removal Sedimentation Flow Equalization Filtration Neutralization, pH Corr Silver Recovery Absorption Distillation & Strippin Evaporation	Centrifuge Cyclone Other Chemical Treatment Type
	hazardous waste disposal or Physical Type of Storag	Typee collected and/or stored for special or for recycling/reclamation:
	Type  List all materials which are hazardous waste disposal or  Physical Type of Storag  State Container  Liquid, Solid (tank, drum, et or Gas)	Type  e collected and/or stored for special or for recycling/reclamation:  ge Quantity Disposed of Disposal tc.) During Calendar 1992 Method
	Type  List all materials which are hazardous waste disposal or  Physical Type of Storag  State Container  Liquid, Solid (tank, drum, et	Type  e collected and/or stored for special or for recycling/reclamation:  ge Quantity Disposed of Disposal
(I	Type  List all materials which are hazardous waste disposal or Physical Type of Storag State Container Liquid, Solid (tank, drum, et or Gas)  Computer DRUMS  AL CANS "	Type  e collected and/or stored for special or for recycling/reclamation:  ge  Quantity Disposed of Disposal tc.) During Calendar 1992 Method  PAPER
(I	Type  List all materials which are hazardous waste disposal or  Physical Type of Storag State Container  Liquid, Solid (tank, drum, et or Gas)  Computer  PAPER DRUMS	Type  e collected and/or stored for special or for recycling/reclamation:  ge  Quantity Disposed of Disposal tc.) During Calendar 1992 Method  PAPER  1000-5000 RECycler
'9     (1	Type  List all materials which are hazardous waste disposal or  Physical Type of Storag State Container  Liquid, Solid (tank, drum, et or Gas)  Computer  PAPER DRUMS  AL CAMS WASTE OIL	Type  e collected and/or stored for special or for recycling/reclamation:  ge  Quantity Disposed of Disposal tc.) During Calendar 1992 Method  PAPER  1000-5000 RECYCLER  250-300 lbs AL.RECYCLER
4	Type  List all materials which are hazardous waste disposal or  Physical Type of Storag State Container Liquid, Solid (tank, drum, et or Gas)  Computor PAPER DRUMS  AL CAMS " WASTE OIL " SWIMER "  Paint filters "	Type  e collected and/or stored for special or for recycling/reclamation:  ge  Quantity Disposed of Disposal tc.) During Calendar 1992 Method  PAPER  1000-5000 RECYCLER  250-300 lbs AL.RECYCLER  3000 SEPERATED/RE

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TO SEWER	Sparl Jaudha	# Mart

1.1

5.	What	is	the	name	of	your	regular	refuse	hauler?	ROTS
----	------	----	-----	------	----	------	---------	--------	---------	------

6. Has your facility submitted a spill containment or emergency response plan to the District?

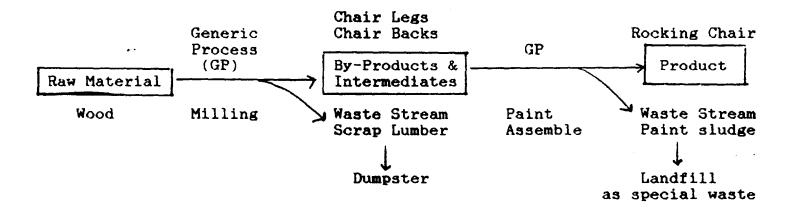
If yes, please submit any changes to this plan. If no plan has been submitted, and one is required for your facility, we will send you a checklist for this activity.

#### SECTION VI MISCELLANEOUS INFORMATION

1. Other Permit Information

#### 2. Process Flow Schematic

Please attach a flow chart of your major production process or service procedures, including the raw materials, products and wastestreams generated. The following is an example:



Raw materials may include feedstock, purchased materials which you further assemble, repackage, fabricate with, etc.

Generic processes may include chemical reactions by generic name, finishing operations, printing, packaging, assembly, etc.

Waste streams should include discharges to air, waterways, sanitary sewers, solid waste and re-use or recycled materials.

## MAGNETROL INT. INC. WASTE STREAM

	waste oil, collected sent for was seperation	in drums			
	+	out to Safe Kleen ;	r sent a	weld fumes collected in electrostatic air exchanger	
RAW MATERIAL	-SAWMACH: SHOI	INE+ +	+	ELDING+	
.pipe .tubing .round stock .electronic com	ponents+-H chips collect and sold as	+-WATER ELECTRONIC BOARD eted, stored scrap. n bin located	WASH+  O ASSEMBLY-  waste sent t	solder flux,	
+		TING	; ; ;	ر وموضوعت کار	+ 
	used paint fi sent out for	incineration	scrap	wood, dumpst	er ************************************